



GOVERNMENT OF BERMUDA

Ministry of National Security

Customs Department

Customs Use Only

Trader ID#: \_\_\_\_\_

Officer: \_\_\_\_\_

Date: \_\_\_\_\_

APPLICATION FORM

CUSTOMS AUTOMATED PROCESING SYSTEM (CAPS) IDENTIFICATION NUMBER

If you are importing or exporting goods you must apply for a Customs Automated Processing System Identification Number (CAPS ID). This CAPS ID is unique to each importer and must be quoted on any documents presented to the Customs Department.

Complete the form below to apply for a unique CAPS ID, which must be used on all correspondence and on the Bermuda Customs Declaration (BCD).

PLEASE NOTE: You must supply an email address in order to confirm the application for registration was successful, so that we can inform you of your new CAPS ID. Applications without a valid email address will be rejected.

1.01 NEW IMPORTER INFORMATION

New CAPS ID required

1.02 AMENDMENT TO IMPORTER INFORMATION

Amend current CAPS ID Information

CAPS ID

\_\_\_\_\_

[Print your CAPS ID in the boxes above]

1.03 ALL IMPORTERS [Tick the boxes in the section below that is appropriate to you]

[If you are a business complete SECTION 1.03.i only]

[If you are BERMUDA Government Department complete SECTION 1.03.ii only]

[Otherwise Complete SECTION 1.03.iii only]

SECTION 1.03.i BUSINESS IMPORTER

- Commercial Importer
- Customs Clearance Agent
- Courier Service
- Shipping Agent
- Shipping Line or Airline
- Supplier
- LIC Facility Operator
- Warehouse ID# \_\_\_\_\_
- Bonded Operator
- Warehouse ID# \_\_\_\_\_
- We plan to submit \*Deposit BCDs
- We plan to submit \*\*Temporary Import BCDs

SECTION 1.03.ii BERMUDA GOVERNMENT DEPARTMENT

- Government Department Code: \_\_\_\_\_
- Government Ministry Name: \_\_\_\_\_
- Requires ability to submit \*Deposit BCDs
- Requires ability to submit \*\*\*Temporary Import BCDs

SECTION 1.03.iii NON-BUSINESS IMPORTER

- Personal Importer [non-commercial]
- I plan to submit \*Deposit BCDs
- I plan to submit \*\*Temporary Import BCDs

\*Please refer to Public Notice 17 – Supplemental 3 Bermuda Customs Declaration Guideline: BCD Type –Deposits;

\*\*Please refer to Public Notice 17 – Supplemental 6 Bermuda Customs Declaration Guidelines: BCD Type –Temporary Imports

**2. CONTACT INFORMATION [Mandatory for both New CAPS ID applications and amendments.]**

<b>APPLICANT NAME:</b>	
<b>BUSINESS NAME:</b> <i>[where applicable]</i>	
<b>STREET ADDRESS:</b>	<i>Building Number and Street: City: Parish/State/County/Province: Country: Postal Code:</i>
<b>MAILING ADDRESS:</b> <i>[where different to street address]</i>	<i>Building Number and Street: City: Parish/State/County/Province: Country: Postal Code:</i>
<b>TELEPHONE:</b>	(H)                                      (W)                                      (F)                                      (C)

**3. CONTACT INFORMATION [Mandatory for both New CAPS ID applications and amendments.]**

Please list below any additional contact that you would like to have associated with your CAPS ID. Please indicate with an (x) which three contacts you would like to receive CAPS response messages. See example highlighted below.

CONTACT	TYPE
SHIPPING MANAGER	1
CUSTOMS CLEARANCE AGENT	2
IT/SYSTEMS ADMINISTRATOR	3
FINANCE DIRECTOR	4
MD/CEO/OWNER	5
WARHOUSE MANAGER	6
ACCOUNTS MANAGER	7
FREIGHT FORWARDER	8

Name	Phone	Email	Contact Type	CAPS Response Message
John Doe	295-4816	<a href="mailto:john.doe@gmail.com">john.doe@gmail.com</a>	1	x

**4. FORM SUBMITTED BY [Mandatory for both New CAPS ID applications and amendments.]**

<b>NAME:</b>	
<b>DATE OF BIRTH:</b> [dd/mm/yyyy]	
<b>VALID PHOTO ID #:</b> [i.e. Driver's licence or passport]	
<b>EMAIL ADDRESS:</b>	
<b>TELEPHONE:</b>	
<b>Signature:</b>	

**\*\*\*Please be warned that it is an offence to falsely use any document or instrument for the transaction of any business or matter relating to the revenue.**