

EXHIBIT 286

FILED UNDER SEAL

U.S. CUSTOMS AND BORDER PROTECTION
SECURITY SEAL PROGRAM CHECKLIST

Please use the following checklist to ensure your application for a CBP Security Seal is complete for processing.

- ☐ CBP FORM 3078
- ☐ ACCESS REQUEST APPLICATION FORM
- ☐ VIRGIN ISLANDS POLICE DEPARTMENT CRIMINAL RECORD CHECK (NO MORE THAN 60 DAYS OLD)
- ☐ EMPLOYER REQUEST LETTER
- ☐ FIVE YEAR BACKGROUND VERIFICATION AND DECLARATION
- ☐ (**NEW & RENEWAL APPLICANTS**) FINGERPRINT RESULTS FROM THE VIRGIN ISLANDS PORT AUTHORITY (LESS THAN SIX (6) MONTHS OLD)
- ☒ (**RENEWAL APPLICANTS**) FINGERPRINT PROCESS WILL BE CONDUCTED BY CBP ONLY IF THE VIPA FINGERPRINTS RESULTS ISSUED OVER 6 MONTHS. IT WILL COST \$ 43.50 AND THE METHODS OF PAYMENTS ARE CASH OR CREDIT CARD.
- ☐ RULES AND REGULATIONS
- ☐ PROOF OF CITIZENSHIP/RESIDENCY (BIRTH CERTIFICATE, PASSPORT, PASSPORT CARD, NATURALIZATION CERTIFICATE, LAWFUL PERMANENT CARD)
- ☐ TWO (2) PASSPORT SIZE PHOTOGRAPHS

**** RENEWAL APPLICANTS SHOULD VERIFY WITH THE SECURITY OFFICE TO ENSURE THAT PROOF OF CITIZENSHIP & PASSPORT SIZE PHOTOGRAPHS ARE ALREADY ON FILE.**

OFFICE HOURS
MONDAY 11:00 - 3:00
WEDNESDAY 11:00 - 3:00
THURSDAY 10:00 - 1:00

Updated 09/2015

DEPARTMENT OF HOMELAND SECURITY
Bureau of Customs and Border Protection
APPLICATION FOR IDENTIFICATION CARD

OMB No.
1651-0008
See back of form
for Paperwork
Reduction Act
Notice and
Privacy Act Notice

19 U.S.C. 66, 1551, 1555, 1565, 1624, 1641;
19 CFR 112.42, 118, 122.182, 146.6

Please Type or Print

1. TYPE OF ACTIVITY REQUIRING IDENTIFICATION CARD <input type="checkbox"/> Cartman/Lighterman <input type="checkbox"/> Broker's Employee <input checked="" type="checkbox"/> CBP Security Area Identification <input type="checkbox"/> Warehouse Officer or Employee <input type="checkbox"/> Container Station Employee <input type="checkbox"/> Foreign Trade Zone Employee <input type="checkbox"/> CES Employee				2. DATE OF THIS APPLICATION <div style="font-size: 1.2em; font-weight: bold;">4/5/2018</div>																																																
3. NAME (Last, First, & Middle) <div style="background-color: black; height: 1.2em; width: 100%;"></div>				4. SOCIAL SECURITY NUMBER <div style="background-color: black; height: 1.2em; width: 100%;"></div>																																																
5. LIST ANY OTHER NAMES YOU HAVE EVER BEEN KNOWN BY (Nicknames, aliases, etc.) <div style="background-color: black; height: 1.2em; width: 100%;"></div>				6. DATE OF BIRTH <div style="background-color: black; height: 1.2em; width: 100%;"></div>																																																
7. HOME ADDRESS (Number, Street, City, State, and ZIP Code) <div style="background-color: black; height: 1.2em; width: 100%;"></div>			8. NAME AND ADDRESS OF PRESENT EMPLOYER 6100 Red Hook Quarter B3 St. Thomas, VI 00802																																																	
9. HOME PHONE NUMBER <div style="background-color: black; height: 1.2em; width: 100%;"></div>			10. BUSINESS PHONE NUMBER 340-775-2525																																																	
11. PLACE OF BIRTH (City, County, State, and Country) <div style="background-color: black; height: 1.2em; width: 100%;"></div>		12. HEIGHT 6' 3"	13. WEIGHT 212 lbs	14. COLOR HAIR Black	15. COLOR EYES Brown																																															
16. VISIBLE SCARS OR MARKS None																																																				
17. U.S. COAST GUARD PORT SECURITY CARD NUMBER N/A			18. U.S. MERCHANT MARINE CARD NUMBER N/A																																																	
19. HAVE YOU EVER APPLIED FOR CARD IN ITEM 17 OR ITEM 18? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Skip Items 20 and 21)			20. HAS APPLICATION FOR EITHER CARD IN ITEM 17 OR 18 BEEN DENIED? <input type="checkbox"/> YES (If Yes, explain in Item 21) <input checked="" type="checkbox"/> NO (Skip Item 21)																																																	
21. EXPLANATION OF APPLICATION DENIAL <div style="background-color: black; height: 1.2em; width: 100%;"></div>																																																				
22. LIST ALL RESIDENCES DURING THE LAST 5 YEARS (List in reverse order, beginning with the present address) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th colspan="2">DATES</th> <th rowspan="2">Number and Street</th> <th rowspan="2">City</th> <th rowspan="2">State</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>PRESENT</td> <td><div style="background-color: black; height: 1.2em; width: 100%;"></div></td> <td><div style="background-color: black; height: 1.2em; width: 100%;"></div></td> <td><div style="background-color: black; height: 1.2em; width: 100%;"></div></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						DATES		Number and Street	City	State	From	To	2008	PRESENT	<div style="background-color: black; height: 1.2em; width: 100%;"></div>	<div style="background-color: black; height: 1.2em; width: 100%;"></div>	<div style="background-color: black; height: 1.2em; width: 100%;"></div>																																			
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23. HAVE YOU EVER SERVED IN THE ARMED SERVICES OF THE U.S.? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Skip Items 24-28)			24. BRANCH OF SERVICE <div style="background-color: black; height: 1.2em; width: 100%;"></div>																																																	
25. DATES OF SERVICE <div style="background-color: black; height: 1.2em; width: 100%;"></div>		26. SERIAL NUMBER <div style="background-color: black; height: 1.2em; width: 100%;"></div>		27. TYPE OF DISCHARGE <div style="background-color: black; height: 1.2em; width: 100%;"></div>																																																
28. IF DISCHARGE WAS OTHER THAN HONORABLE, EXPLAIN IN FULL DETAIL <div style="background-color: black; height: 1.2em; width: 100%;"></div>																																																				
29. HAVE YOU EVER APPLIED FOR AN IDENTIFICATION CARD WITH THE BUREAU OF CUSTOMS AND BORDER PROTECTION? <div style="display: flex; justify-content: space-between; align-items: center;"> <input checked="" type="checkbox"/> YES (If Yes, explain details) <input type="checkbox"/> NO </div> <p style="margin-top: 5px;">I presently hold a CBP Security Seal on behalf of Thomas World Air, LLC.</p>																																																				

CBP Form 3078 (01/00)

30. PREVIOUS EMPLOYMENT – LIST IN CHRONOLOGICAL ORDER, GIVING EARLIEST EMPLOYMENT FIRST (*Last 10 Years*)

DATES		EMPLOYER NAME AND ADDRESS	OCCUPATION
From	To		
2/1/2000	2/1/2013	Financial Trust Company, Inc. 6100 Red Hook B3, St. Thomas, VI 00802	Technician
2/2/2013	Present	Southern Trust Company, Inc. 6100 Red Hook B3, St. Thomas, VI 00802	Technician

31. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR OFFENSE (*Other than traffic violations, you may exclude any items which occurred before your 16th birthday*) IN THIS COUNTRY OR ELSEWHERE?☐ YES (*If YES, explain in Item 32.*)☒ NO32. EXPLANATION OF ALL CONVICTIONS (*Federal, State, Military, or Foreign*)

Date	Place	Charge	Court	Final Disposition

33. DO YOU NOW USE OR HAVE YOU EVER USED NARCOTIC DRUGS?

☐ YES (*If YES, explain below*)☒ NO

34. ATTACH PHOTOGRAPH HERE

35.
CERTIFICATION

I certify that all of the statements made in this Application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE

X

DATE

Paperwork Reduction Act Notice: The Paperwork Reduction Act says we must tell you why we are collecting this information, how we will use it, and whether you have to give it to us. We ask for this information to carry out the Bureau of Customs and Border Protection laws of the United States. This form is used by licensed cartmen or lightermen or their employees as an application to apply for a CBP identification card and is required to obtain or retain a benefit. The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper depending on individual circumstances. The valid OMB Control Number for this Information Collection is 1651-0008.

Pursuant to the requirements of Public law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on Form CBP-3078 is 5 U.S.C. 301, Reorganization Plan No. 1 of 1950; 19 U.S.C. 1551, 1565, 1624, 1641; 19 CFR 112.42. The principal purpose for collecting the information is to enable the CBP to conduct a background investigation and thereby determine whether the applicant meets the criteria required for the issuance of an identification card. The information collected and contained in the applicant's file may be provided to those employees of the CBP who have a need for the records in the performance of their duties. The information may also be used, when deemed appropriate, in a proceeding to revoke or suspend the identification card. Disclosure of all information requested on Form CBP-3078 is voluntary; however, failure to disclose some or all of this information may result in the CBP's inability to conduct the required background investigation.

CBP Form 3078 (01/00)(Back)

DEPARTMENT OF HOMELAND SECURITY U.S. CUSTOMS AND BORDER PROTECTION

CYRIL E. KING AIRPORT SECURITY PROGRAM EMPLOYER'S FIVE YEAR BACKGROUND VERIFICATION AND DECLARATION

I, Cecile R. de Jongh of Southern Trust Company, Inc.
(Company Issuing Officer) (Company or Agency)

hereby certify that: A background check has been performed on the applicant,

[REDACTED] [REDACTED]
(Employee's Name) (Social Security Number)

to the extent allowable by law, including at a minimum, references and employment history. Stated employment history has been verified for the preceding five (5) years. To the best of my knowledge, the applicant meets the conditions necessary to conduct duties in the Customs and Border Protection Security Areas as outlined in 19 CFR 122.181.

VERIFIED INFORMATION

Company or Agency Name	Person Contacted	Phone Number	Dates Employed	Dates & Time	How Contacted
Financial Trust Company, Inc.	Jeanne Brennan	[REDACTED]	2/1/2000 - 2/1/2013	4/9/2018 (10:52 am)	In person
Southern Trust Company, Inc.	Jeanne Brennan	[REDACTED]	2/2/2013 - Present	4/9/2018 (10:52 am)	In person

SEAL ISSUANCE REQUEST

NEW () RENEWAL (X) DAMAGED () LOST () * STOLEN () * MISPLACED () *

Job Title: Technician/Driver Date of Birth: [REDACTED]

Zone Requested: Zone 1 () Zone 2 (X)

U. S. Citizen (X) Resident Alien () Registration # _____

Does applicant currently hold a U.S. Customs and Border Protection Access Seal with another employer?
Yes X No _____ If yes, name of employer (s): Thomas World Air, LLC

If Lost/Stolen, please provide explanation of when/where/how U.S. Customs and Border Protection Seal was lost:

I declare that all statement containing in this declaration are true and correct.

Signature of Company Official and Date

WARNING: IT IS UNLAWFUL UNDER UNITED STATES LAWS AND REGULATIONS FOR ANY PERSON TO MAKE ANY FALSE OR MISLEADING REPRESENTATION, STATEMENT, OR CERTIFICATION TO ANY CBP OFFICER FOR THE PURPOSE OF GAINING ACCESS TO A CBP SECURED AREA FOR HIM/HERSELF OR THEIR EMPLOYEE. ANYONE WHO IS FOUND TO HAVE MADE SUCH STATEMENTS WILL BE DEEMED IN VIOLATION OF LAW (18 USC 1001).

ESTATE JPM044494