| Canada Border Agence des services Services Agency frontaliers du Canada | | | | | | | | P | ROTECTE | ED B (w | hen co | ompleted) |
|---|-----------|---------------------|---------------------|---------------------------|-----------|--------------------------|-----------|--------|-------------|---------------|----------|---------------------|
| | | | | | | GE (EDI) AI MENT OF A | | | | | | |
| | | | נ פוע ן ר | | | | | | | | | |
| New 🗆 Update 🗆 | | | | | | l | Da | te (yy | /y/mm/dd) | | | |
| | | Please re | ad in | struction | is pro | ovided on pa | ige 4 | | | | | |
| Section 1 - EDI DN and SOA Application | | | | | | | | | | | | |
| Select one line of business that applies to this ED | DN DN a | | ation. ∃ Ca | rrier | | Warehouse Ope | erator | | | | | |
| If importer selected, are you on the Importer Dire | ct Secu | rity (IDS) or GS | ST dire | ct program? | Indica | • | | IDS | | | GST | |
| Section 2 - Company Profile | | | | | | | | | | | | |
| Legal Company Name | | | | | Оре | erating/Trade Nar | ne | | | | | |
| Business Number (BN) | | | | | | | | | | | | |
| If you selected customs <u>broker, consultant, carri</u> BN9. If you selected <u>importer</u> , provide your busir | | | | | | | | | | | | |
| CBSA-issued Client Identifier | | | | | | | | | | | | |
| Account Security Number - If you selected import account security number. If you do not have an a | | | | | | | | | | | | |
| Carrier Code - If you selected carrier, provide you | | | | | | | | | | | | |
| Sublocation Code - If you selected warehouse op | erator, | provide your su | ubloca | tion code. | | | | | | | | |
| Head Office Address | | | | | | | | | | | | |
| Number and Street | | City | | | | Province/State C | Code | Coun | try Code | | Posta | I/Zip Code |
| | | | | | | | | | | | | |
| Business Office Address (If different from t | he He | ad Office Add | ress) | | | | | | | | | |
| Number and Street | | City | | | | Province/State C | Code | Coun | try Code | | Posta | I/Zip Code |
| | | | | | | | | | | | | |
| Contact Information | | | 7 | | | | | | | | | |
| Last Name | | | Firs | t Name | | | | | Title | | | |
| eMail | | | Tak | ephone: | | | | | Fax: | | | |
| | | | Tele | epriorie. | | | | | Τ αλ. | | | |
| Language Preference | | English | | French | | | | | | | | |
| Section 3 - Authorize a Customs Broker | (Optio | onal – to be co | omple | ted by impo | orters | who wish to di | rect thei | r impo | rter DN and | SOA to | a custon | ns broker). |
| If you authorize a customs broker, you have the option of | directin | g your importer sta | atement | ts to your broke | er throug | gh his EDI connectio | on. | | | | | |
| Complete this section if you have contracted the services information required by the Customs Act and any related the CBSA should/when you wish to cancel authorization f | regulatio | on to the CBSA re | | | | | | | | | | |
| If you have questions regarding the sections 6 to 9, y Legal Company Name | our cus | toms broker sho | | sist you. rating/Trade | Namo | | | | CBSA Iden | tifier of the | Custom | s Broker (BN9) |
| | | | Ope | rating/ rrade | Name | | | | CDOA Iden | | Custom | |
| Contact Information | | | | | | | | | | | | |
| Last Name | | | First | t Name | | | | | Title | | | |
| | | | | | | | | | | | | |
| eMail | | | Tele | phone: | | | | | Fax: | | | |
| Do you authorize the CBSA to release specific cu | Istoms | information to t | L his cus | stoms broker? | ·?* | | | | Yes | | | No |
| Do you designate this customs broker to receive | | | | | | nt of Account? | | | Yes | | | No |
| Language Preference | | English | | French | | | | 1 | 1 | | <u> </u> | I |

*Customs information released under this consent will include any information related to your EDI client profile, any CBSA response to information transmitted by any customs broker on your behalf; any prescribed information required by the CBSA during monitoring or audit functions and, with the appropriate designation, may include your Daily Notice and your Statement of Account. Please obtain your customs broker's permission prior to providing this authorization.

| Canada Border Agence des services Services Agency frontaliers du Canada | | | PRO | OTECTED B | (when | completed) | | |
|---|---|---|-----------------------------------|-------------------------------------|------------|-----------------------|--------------|-----------------------|
| Section 4 - Authorize Receipt of Impor | ter Statements (Optional – to be | e completed by | / brokers or | nlv) | | | | |
| | | , completed by | | ") | | | | |
| List the BN15 of the clients (importers) for whom you will receive importer statements: | | | | | | | | |
| This option is only available for importers that do not had All importers identified by their BN15 in this section mu | | e CBSA the author | ization to relea | se the DN and | d SOA inf | ormation to the cu | stoms broke | er identified in |
| Section 2 above. Section 5 - Authorize a Third Party Ser | vice Provider | | | | | | | |
| Complete this section if you have contracted the service provider may be any third party with whom you contract any related regulation to the CBSA remains your sole I to cancel authorization for this service. If you have que | es of a third party service provider to set up t for this purpose and need not be a license egal responsibility regardless of whether a t | d customs broker. hird party service p | Please note th rovider is used | at the obligati . It is your leg | on to prov | vide information re | quired by th | e Customs Act and |
| Legal Company Name | Operating | g/Trade Nam | e | | | | | |
| | | | | | | | | |
| Contact Information | | | | | | | | |
| Last Name | First Name | | Title | | | | | |
| | | | | | | | | |
| eMail | Telephone: | | Fax: | | | | | |
| | | | · | 1 | | | | |
| Do you authorize the CBSA to share your customs information with this third party service provider? | | | | Yes | | □ No | | |
| Language Preference English French *Customs information released under this consent will include any information related to your EDI client profile, any CBSA response | | | | | n transmit | ted to it by this thi | d narty serv | rice provider on your |
| behalf, your Daily Notice and your Statement of Account | nt, and any prescribed information required | by the CBSA during | g monitoring or | audit function | ns. | | · · · | |
| Sections 6 to 9 are to be complet | ed with the assistance of your | customs bro | ker, your t | hird party | servic | e provider o | r your IT | support. |
| Section 6 - Format | | | _ | | | | | |
| Indicate your preferred format to receive your D If you have chosen CADEX, during the test per | | | | CADEX | | EDIFACT | | XML |
| and another format. If you are interested in this format. | s option, select Yes and your choice o | of secondary | | Yes | | EDIFACT | | XML |
| CADEX Format - Provide transmission site and not have an account security number, only pro- | | le). If you do | | | | | | |
| EDIFACT Format - Complete Section 9. | | | | | | | | |
| XML Format - Provide Qualifier for SOAP Proto | ocol (Optional). | | | | | | | |
| Section 7 - Software | | | | | | | | |
| Provide information about your software | | | | | | | | |
| Will you be using proprietary software to receiv | · · · · · · · · · · · · · · · · · · · | | | | | Yes | | No |
| If you have checked no above, provide the name of software provider | | | | | | | | |
| Section 8 - Communications Protocol Method | | | | | | | | |
| Identify the communications protocol method that you intend to use or that the authorized customs broker and/or third party service provider is to use. You may select one of the communication protocol methods to receive customs information from the CBSA. | | | | | | | | |
| More information on the approved communication meth | | /eservices/comm-e | ng.html. | | | | | |
| Section 8a - Customs Internet Gateway (CIG) | | | | | | Vac | | No |
| Will you be using the Customs Internet Gateway? | | | | | | Yes | | No |
| Certificate Number in Production Certificate Number in Testing | | | | | | | | |
| Section 8b - Direct Connect (MQ Mess | aging) | | | | | | | |
| Will you be using Direct Connect? | | | | | | Yes | | No |
| Direct Connect Name in Production | | Direct Connec | t Name in Te | sting | | | | |
| | | | | | | | | |



PROTECTED B (when completed)

| Section 9 - Electronic Data Interchange (EDI) Envelope Information (only applies to EDIFACT format) | | | | | | | | | | | |
|--|---|--------|----------------------------------|--|-----------------------|-----------------|--|----------------|--------|--|--|
| Interchange | nterchange Identification in Production (UNB) Interchange Identification in Testing (UNB) | | | | | | | | | | |
| | | | | | | | | | | | |
| Application Identification in Production (UNG) | | | Application Identification in Te | | | sting (UNG) | | | | | |
| | | | | | | | | | | | |
| Section 1 | 0 - Remo | ve a C | Company Cont | act | | | | | | | |
| Last Name | | | | | First Name | irst Name eMail | | | Mail | | |
| Section 11 - Remove a Customs Broker | | | | | | | | | | | |
| Section 1 | 1 - Remo | /e a C | Customs Brok | er | | | | | | | |
| Complete this section if you wish to cancel authorization for this customs broker. | | | | | CBS | A idon | ntifier of the Customs Broker (if | | | | |
| Legal Com | pany Name | | | | Operating/Trade | Name | е | applicable) | | | |
| | | | | | | | | | | | |
| Section 1 | 2 - Remo | /e a T | hird Party Sei | vice Provider | | | | | | | |
| | | you v | vish to cancel aut | horization for this thi | rd party service pro | ovider | | | | | |
| Legal Com | pany Name | | | | | | Operating/Trade Name | | | | |
| | | | | | | | | | | | |
| | 3 - Certifi | | | | | | | | | | |
| | | | | he business such as an 3 and/or 4 of this form. | owner, a partner of a | a partne | ership, or a director of a corporation | on. By signing | and da | ating this form, you authorize the CBSA to | |
| Language F | Preference | | | Telephone | | Fa | Fax | | eMail | | |
| | English | | French | | | | | | | | |
| Authorized | Person's Na | ame | | | | | | Title | | | |
| | | | | | | | | | | | |
| Signature | Signature Date (YYY-MM-DD) | | | | | | | DD) | | | |
| | | | | | | | | | | | |
| Completed forms can be sent to: | | | | | | | | | | | |
| • | | | | | | | | | | | |
| Technical Commercial Client Unit By eMail: tccu-ustcc@cbsa-asfc.gc.ca Program Business System Integration Division | | | | | | | | | | | |
| Canada Border Services Agency By Fax: 343-291-5482 | | | | | | | | | | | |
| 355 North River Road, 6th floor, Tower B Ottawa, Ontario K1A 0L8 | | | | | | | | | | | |
| | | | | | | | | | | | |
| Electronic Data Interchange Privacy Notice Statement | | | | | | | | | | | |
| The Canada Border Services Agency (CBSA) is committed to protecting the privacy rights of individuals, including safeguarding the confidentiality of information provided by individuals and Trade Chain Partners. | | | | | | | | | | | |
| Electronic Data Interchange (EDI) is a standards-based computer-to-computer communication method that allows the CBSA's Trade Chain Partners to transmit trade data to the CBSA through one of four options: a value added network, a third party service provider, the Customs Internet Gateway (CIG), or by a direct connection to the CBSA. | | | | | | | | | | | |
| Submission of any personal information as part of your EDI transmission constitutes your consent and acknowledgement that you, as a carrier, freight forwarder, or importer have secured the individual's consent to use their personal information, and that you have secured their consent to the collection, use, retention and disclosure of the information by the CBSA for any purpose regarding the goods. | | | | | | | | | | | |
| The personal information is collected under the authority of the Customs Act (R.S.C., 1985, c.1 (Second Supp.)) as well as the Reporting of Imported Goods Regulations. Individuals have the right of access to and/or can make corrections of their personal information under the Privacy Act. Information collected is described under the eManifest Personal Information Bank PPU 048 which is detailed at www.infosource.gc.ca | | | | | | | | | | | |





Instructions

Instructions are provided for each section. Please read them carefully.

This form, duly completed and submitted, is an application to authorize the CBSA to transmit via Electronic Data Interchange Daily Notices and Statement of Accounts under the CBSA Account Receivable Ledger (ARL) Program.

As a legal entity acting as an Importer, Customs Broker, Consultant, Carrier or Warehouse Operator, who holds a valid Business Number and CBSA-issued program identifier (if applicable), you are required to complete this application form to receive your statements electronically.

Complete all relevant sections when submitting a new application. A separate application must be submitted for each line of business and for each service provider/agent that you intend to conduct business with.

Complete Section 1, Section 2 (Legal Name and CBSA-issued client identifier), and all relevant sections when updating an existing electronic client profile.

Complete Section 1, Section 2 (Legal Name and CBSA-issued client identifier), and the relevant Sections 10 – 12 when removing a company contact or authorized agent and/or service provider.

Section 13 – Certification – This section must be completed for all new applications and all updates to existing electronic client profiles. The CBSA must receive a signed document from the company that authorized to receive, including providing authorization to have the statements sent to a Customs Broker or Third Party Service Provider, even if a similar arrangement exists today. If you wish to submit this form electronically, you must print, sign and then scan and send the application to the email address provided on this form.

| Section 1 - EDI DN and SOA Application New or Update | This form is for existing EDI clients or new EDI clients who wish to receive Daily Notice (DN)/Statement of Account (SOA) electronically. This form is not required for clients importing goods under the CSA program. |
|---|--|
| Date of Application (yyyy/mm/dd) | Enter the date that you completed the application. |
| Select one line of business that applies to this DN and SOA EDI application | Select one line of business type that you wish to apply for or update. A separate application is required for each line of business. If you choose: Importer: You (or your broker or service provider) will receive importer DNs and SOAs Customs Broker: you will receive broker DNs and SOAs, which will have a section on it for each of your clients. Consultant: You (or your service provider) will receive consultant DNs. Carrier: You (or your service provider) will receive carrier DNs. |
| | Warehouse Operator: you (or your service provider) will receive warehouse operator DNs. |
| If importer selected, are you on the Importer Direct Security (IDS) or GST direct program? | If your broker has put you on the importer direct security program select IDS. If your broker has put you on the GST direct option select GST. |
| Indicate which one. | Only applicable to importers that are using a broker. |
| Section 2 - Company Profile | |
| Legal Company Name | Provide the legal name of the company that you have on file with the CBSA (provided at time of client registration). |
| Operating/Trade Name | Provide the operating/trade name that you operate under (if applicable). |
| Business Number | If you selected customs broker, consultant, carrier or warehouse operator, provide your BN9. If you selected importer, provide your business number and RM account (BN15). |
| CBSA-issued Client Identifier | Provide the client identifier, associated to the line of business selected, assigned by the CBSA at time of client registration. If you choose: Importer: Provide your account security number. If you do not have an account security number, leave blank. Customs Broker: Provide your account security number. Consultant: Provide your account security number. Carrier: Provide your carrier code Warehouse Operator: Provide your sublocation code. |
| Head Office Address | The office identified as the primary office of the business E.g. Where books and records are stored, where President is located, etc. |
| Number and Street | The street name and type, suite number, post office box number of the head office. |
| City | Provide the name of the city of the head office. |
| Province/State code | Provide the two character province or state code of the head office. Please refer to <u>www.canadapost.ca/tools/pg/manual/PGaddress-e.asp#1380608</u> for a listing of valid Canadian province and US state codes. |
| Country code | Provide the two character country code of the head office. E.g. CA or US |
| Postal/Zip Code | Provide the postal or zip code of the head office. |
| Business Office Address (If different from the Head Office Address) | The office where the day-to-day activities are carried out. If you are a non-resident carrier, please identify a Canadian office if applicable. |
| Number and Street | The street name and type, suite number, post office box number of the business office. |
| City | Provide the name of the city of the business office. |
| Province/State code | Provide the two character province or state code of the business office. Please refer to www.canadapost.ca/tools/pg/manual/PGaddress-e.asp#1380608 for a listing of valid Canadian province and US state codes. |



| Country code | Provide the two character country code of the business office. For example CA or US. |
|---------------------------------------|--|
| Postal/Zip Code | Provide the postal or zip code of the head office. |
| Contact Information | Provide information of a person within the company that the CBSA may contact regarding this |
| | application, testing and production. |
| Last Name | Provide the last name of an individual within the company that the CBSA may contact. |
| First Name | Provide the first name of an individual within the company that the CBSA may contact. |
| Title | Provide the title of the contact person that the CBSA may contact. |
| Telephone | Provide the telephone number of the contact person. Please ensure that the country and area code is |
| | provided. E.g. 01-450-738-9888. |
| Fax | Provide the fax number of the contact person. Please ensure that the country and area code is |
| | provided. E.g. 01-450-738-9888. |
| eMail | Provide the email address of the contact person. |
| Language Preference | Select the language preference of the contact person. |
| Section 3 - Authorize a Customs Broke | er de la companya de |

If you authorize a customs broker, you have the option of directing your importer statements to a broker through their EDI connection. Only one broker can be chosen.

Please note that the obligation to provide information required by the Customs Act and any related regulation to the CBSA is the sole responsibility of the importer regardless of whether a customs broker is used. It is the importer's responsibility to advise the CBSA should/when you wish to cancel authorization for this customs broker.

Important note: The broker you identify in this section must also indicate your importer account(s) (your BN15 account number(s)) in their application.

If you have questions regarding the sections 6 to 9, your customs broker should assist you.

| Legal Company Name | Provide the legal name of the company that you have contracted to be your customs broker. |
|--|--|
| Operating/Trade Name | Provide the operating/trade name of the customs broker if applicable. |
| CBSA identifier of the Customs Broker (if | Provide the CBSA client identifier that has been assigned to the customs broker |
| applicable) | |
| Last Name | Provide the last name of an individual within the customs broker's company that the CBSA may contact. |
| First Name | Provide the first name of an individual within the customs broker's company that the CBSA may contact. |
| Title | Provide the title of the contact person that the CBSA may contact. |
| Telephone | Provide the telephone number of the contact person. Please ensure that the country and area code is provided. E.g. 01-450-738-9888. |
| Fax | Provide the fax number of the contact person. Please ensure that the country and area code is provided. E.g. 01-450-738-9888. |
| eMail | Provide the email address of the contact person. |
| Language Preference | Select the language preference of the contact person. |
| Do you authorize the CBSA to release to this customs broker certain of your customs information? | Select Yes if you are authorizing the CBSA to release information about this application and/or your customs information to this company and any individual employed by this company. Refer to Policy Guidelines on the Disclosure of Customs Information, Section 107 of the Customs Act for further information. |
| Do you designate this customs broker to receive the copy of your Daily Notice and your Statement of Account? | Select Yes if you are designating this customs broker to receive the copy of your Daily Notice and your Statement of Account. Please obtain your customs broker permission prior to provide this authorisation. |
| Yes should be selected to both two questions | above in order for broker to receive statements. |
| Section 4 - Authorize receipt of Importers state | ements (Optional – to be completed by brokers only) |
| List the BN15 of the clients (importers) for whom | Customs Brokers receiving Importers' DNs and SOAs on behalf of the importer must list these importers |
| | |
| you will receive Importer statements: | BN15's. |
| Section 5 - Authorize a Third Party Service Pro | BN15's. |
| Section 5 - Authorize a Third Party Service Pro A service provider may be any third party that you your behalf. | BN15's. wider contract with that you want to authorize CBSA to transmit information to, or receive information from, on |
| Section 5 - Authorize a Third Party Service Pro A service provider may be any third party that you your behalf. If you have questions regarding the sections 6 | BN15's. wider contract with that you want to authorize CBSA to transmit information to, or receive information from, on to 9, your third party service provider should assist you. |
| Section 5 - Authorize a Third Party Service Pro A service provider may be any third party that you your behalf. If you have questions regarding the sections 6 Legal Company Name | BN15's. vider contract with that you want to authorize CBSA to transmit information to, or receive information from, on to 9, your third party service provider should assist you. Provide the legal name of the company that you have contracted as a third party service provider. |
| Section 5 - Authorize a Third Party Service Pro A service provider may be any third party that you your behalf. If you have questions regarding the sections 6 Legal Company Name Operating/Trade Name | BN15's. vider contract with that you want to authorize CBSA to transmit information to, or receive information from, on to 9, your third party service provider should assist you. Provide the legal name of the company that you have contracted as a third party service provider. Provide the operating/trade name of the third party service provider if applicable. |
| Section 5 - Authorize a Third Party Service Pro A service provider may be any third party that you your behalf. If you have questions regarding the sections 6 Legal Company Name | BN15's. vider contract with that you want to authorize CBSA to transmit information to, or receive information from, on to 9, your third party service provider should assist you. Provide the legal name of the company that you have contracted as a third party service provider. Provide the operating/trade name of the third party service provider if applicable. Provide the last name of a contact person employed by the third party service provider that the CBSA |
| Section 5 - Authorize a Third Party Service Pro A service provider may be any third party that you your behalf. If you have questions regarding the sections 6 Legal Company Name Operating/Trade Name Last Name | BN15's. vider contract with that you want to authorize CBSA to transmit information to, or receive information from, on to 9, your third party service provider should assist you. Provide the legal name of the company that you have contracted as a third party service provider. Provide the operating/trade name of the third party service provider if applicable. Provide the last name of a contact person employed by the third party service provider that the CBSA may contact. |
| Section 5 - Authorize a Third Party Service Pro A service provider may be any third party that you your behalf. If you have questions regarding the sections 6 Legal Company Name Operating/Trade Name Last Name First Name | BN15's. vider contract with that you want to authorize CBSA to transmit information to, or receive information from, on to 9, your third party service provider should assist you. Provide the legal name of the company that you have contracted as a third party service provider. Provide the operating/trade name of the third party service provider if applicable. Provide the last name of a contact person employed by the third party service provider that the CBSA may contact. Provide the first name of a contact person. |
| Section 5 - Authorize a Third Party Service Pro A service provider may be any third party that you your behalf. If you have questions regarding the sections 6 Legal Company Name Operating/Trade Name Last Name First Name Title | BN15's. vider contract with that you want to authorize CBSA to transmit information to, or receive information from, on to 9, your third party service provider should assist you. Provide the legal name of the company that you have contracted as a third party service provider. Provide the operating/trade name of the third party service provider if applicable. Provide the last name of a contact person employed by the third party service provider that the CBSA may contact. Provide the first name of a contact person. Provide the title of the contact person. |
| Section 5 - Authorize a Third Party Service Pro A service provider may be any third party that you your behalf. If you have questions regarding the sections 6 Legal Company Name Operating/Trade Name Last Name First Name | BN15's. vider contract with that you want to authorize CBSA to transmit information to, or receive information from, on to 9, your third party service provider should assist you. Provide the legal name of the company that you have contracted as a third party service provider. Provide the operating/trade name of the third party service provider if applicable. Provide the last name of a contact person employed by the third party service provider that the CBSA may contact. Provide the first name of a contact person. Provide the title of the contact person. Provide the telephone number of the contact person. Please ensure that the country and area code is |
| Section 5 - Authorize a Third Party Service Pro A service provider may be any third party that you your behalf. If you have questions regarding the sections 6 Legal Company Name Operating/Trade Name Last Name First Name Title | BN15's. vider contract with that you want to authorize CBSA to transmit information to, or receive information from, on to 9, your third party service provider should assist you. Provide the legal name of the company that you have contracted as a third party service provider. Provide the operating/trade name of the third party service provider if applicable. Provide the last name of a contact person employed by the third party service provider that the CBSA may contact. Provide the first name of a contact person. Provide the title of the contact person. |
| Section 5 - Authorize a Third Party Service Pro A service provider may be any third party that you your behalf. If you have questions regarding the sections 6 Legal Company Name Operating/Trade Name Last Name First Name Title Telephone | BN15's. vider contract with that you want to authorize CBSA to transmit information to, or receive information from, on to 9, your third party service provider should assist you. Provide the legal name of the company that you have contracted as a third party service provider. Provide the operating/trade name of the third party service provider if applicable. Provide the last name of a contact person employed by the third party service provider that the CBSA may contact. Provide the first name of a contact person. Provide the title of the contact person. Provide the telephone number of the contact person. Please ensure that the country and area code is provide. Provide the fax number of the contact person. |



| Do you authorize the CBSA to share your customs information with this third party service | Select Yes if you are authorizing the third party service provider to receive customs information from the CBSA, and transact on your behalf. |
|--|---|
| provider?* | |
| Sections 6 to 9 are to be completed wit | h the assistance of your customs broker, your third party service provider or your IT support. |
| In which format would you like to receive your DN and SOA? | DN and SOA are available in three formats: XML, EDIFACT and CADEX. Select the format in which you want to receive your messages. |
| If you chose CADEX, would you like to receive your statements, for an interim period of time, in 2 formats (CADEX and either XML or EDIFACT) until you transition fully off of CADEX. | CADEX will be decommissioned by CBSA in the near future. If you would like to receive your statements in 2 formats, until your transitions fully off of CADEX, please select Yes and select the additional format, XML or EDIFACT, in which you want to receive your messages. |
| CADEX Format | Provide transmission site and account security number (if applicable). If you do not have an account security number, only provide transmission site. |
| EDIFACT Format XML Format | Complete Section 9. CBSA has implemented an OPTIONAL enhancement to the XML message format for EDI DN and SOA by making use of a custom Simple Object Access Protocol (SOAP). This enhancement adds additional routing information to the XML message which facilitates message routing within partners' EDI infrastructure. For additional information on this option contact the CARM mailbox. (CBSA-ASFC_CARM.GCRA@cbsa-asfc.gc.ca) |
| Section 7 - Software | |
| Will you be using your own software to create electronic customs information? | This section will allow us to collect information to better serve the business community. Identify whether you have built your own software to submit customs information, whether you have purchased software or will be using your third party service provider's software. |
| Name of Software Provider | If you have not built your own software, please identify the name of the software and the name of the software supplier that you will be using to receive your customs information. e.g. ABC Software. |
| Section 8 - Communication Protocol Method | |
| | you intend to use or that the authorized customs broker and/or third party service provider is to use. You ethods to receive customs information from the CBSA. |
| Will you be using the Customs Internet | Select yes if you will be using the Customs Internet Gateway to receive your customs information to the |
| Gateway? | CBSA. If yes, please provide the certificate numbers, sender identification and mailbox id. |
| Certificate number in production | Provide the certificate number that you will be using in production. |
| Certificate number in testing | Provide the certificate number that you will be using for testing (if applicable). |
| Section 8b – Direct Connect (MQ Messaging) | |
| Will you be using a Direct Connect? | Select Yes if you will be using a direct connection to receive your customs information from the CBSA. |
| Direct Connect Name in Production Direct Connect Name in Testing | Provide the direct connect name in production. Provide the direct connect name in testing. |
| Section 9 - Electronic Data Interchange (EDI) E | |
| | |
| Complete this section ONLY if you are using EDII Interchange Identification in Production (UNB) | Provide the interchange identification in production (UNB). |
| Interchange Identification in Testing (UNB) | Provide the interchange identification in testing (UNB). |
| Application Identification in Production (UNG) | Provide the application identification in production (UNG). |
| Application Identification in Testing (UNG) | Provide the application identification in testing (UNG). |
| Section 10 - Remove a Company Contact | |
| Last name | Provide the last name of the company contact that you wish to remove. |
| First Name | Provide the first name of the company contact that you wish to remove. |
| eMail Section 11 - Remove a Customs Broker | Provide the email address of the company contact that you wish to remove. |
| Legal Company Name | Provide the legal name of the customs broker that you wish to remove. |
| Operating/Trade Name | Provide the operating/trade name of the customs broker that you wish to remove (if applicable). |
| CBSA-issued Client Identifier | Provide the CBSA-issued client identifier of the customs broker that you wish to remove. |
| Section 12 - Remove a Third Party Service Pro | |
| Legal Company Name | Provide the legal name of the third party service provider that you wish to remove. |
| Operating/Trade Name | Provide the operating/trade name of the third party service provider that you wish to remove (if applicable). |
| Section 13 - Certification | |
| | confirmation that all the information within this application is accurate and complete and that all |
| authorizations are approved. We must receive a | |
| Authorized Person's Name Title | Provide the name of an authorized person of your company with signing authority. Provide the title of the authorized person that will be certifying this application. |
| Telephone | Provide the telephone number of the authorized person. Please ensure that the country and area code is provided. E.g. 01-450-738-9888. |
| Fax | Provide the fax number of the authorized person. Please ensure that the country and area code is |
| | provided. E.g. 01-450-738-9888. |
| eMail | provided. E.g. 01-450-738-9888. Provide the email address of the authorized person. |
| eMail Language Preference | Provide the email address of the authorized person. Select the language preference of the authorized person. |
| | Provide the email address of the authorized person. |