



The information you provide in this document is collected under the authority of the Customs Act section 95 for the purpose of administering the Canada Border Services Agency (CBSA) Export Program. The information may be used or disclosed for the following purposes: Enforcement, Safety, Security and Statistics and may be shared with Statistics Canada, Global Affairs Canada (GAC), Canadian Security Intelligence Service (CSIS), Royal Canadian Mounted Police (RCMP), Canadian Food Inspection Agency (CFIA). The Business Identification Number may be shared internally with the Operations Branch (Border Services Officers, Intelligence, Counter Proliferation); in order to provide risk assessment checks; issue Administrative Monetary Penalties (AMPs). You have the right to access and to make corrections to your personal information under the Privacy Act, Section 12. The information collected is described within "Information about Programs and Information Holdings 2018" under the Personal Information Bank Export Program CBSA PPU 1103 and Personal Information Bank Administrative Monetary Penalty System Program CBSA PPU 001 which are detailed within the Information about Programs and Information Holdings 2018. Should you have concerns about the CBSA's handling of your personal information you have a right to file a complaint with the Privacy Commissioner of Canada.

MARINE EXPORT REPORTING APPLICATION FORM Electronic Data Interchange (EDI)

SECTION 1 – Company Information		
Company Profile:		
Are you a Customs Self-Assessment (CSA) Carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you be transmitting cargo reports for CSA goods? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of application	Name of applicant (company)	CBSA Issued Carrier Code
Address of company's head office:		
City, Province	State, Country	Postal/Zip code
Contact person		
Title		
Telephone number	e-mail	
Afterhours Contact person		
Title		
Afterhours Telephone number	Afterhours e-mail	
In which language would you like to be assisted?		<input type="checkbox"/> English <input type="checkbox"/> French
Canadian Business Office (if different from Head Office):		
Name of company		
Address		
City	Province	Postal code
Contact person		
Title		
Telephone number	e-mail	

SECTION 2 – COMMUNICATION METHOD INFORMATION

For more information on the approved communication methods, please consult the following link:
www.cbsa-asfc.gc.ca/eservices/comm-eng.html

If your company is using a service provider to exchange data with the CBSA, please complete this block. Note that you will need to contact your service provider to obtain the required information below.

Name of service provider

Customs Internet Gateway

Production Certificate Number

Testing Certificate Number

Mailbox ID: (Partner ID from the ISA or UNB segment)

Sender ID: (Client defined application send ID, per the GS or UNB segment)

Direct Connect / VAN

Name of Direct Connect

Mailbox ID: (Partner ID from the ISA or UNB segment)

Sender ID: (Client defined application send ID, per the GS or UNB segment)

If your company will be exchanging data directly with the CBSA, please complete this block

Method of communication

Customs Internet Gateway

Direct connect Name: _____

Value Added Network Name: _____

Mailbox ID: (Partner ID from the ISA or UNB segment)

Sender ID: (Client defined application send ID, per the GS or UNB segment)

SECTION 3 – AGENT INFORMATION

Complete this section if you have contracted the services of an Agent to act on your behalf. 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 client regardless of whether an agent is used. It is your responsibility to advise the CBSA should/when you wish to cancel authorization for this agent.

Name of Agent's (company name)

Address

City

Province

Postal code

Contact person

Title

Telephone number

e-mail

Requested implementation date

Section 4 – Certification

This form must be signed by an authorized person of the business such as an owner, a partner of a partnership, or a director of a corporation. By signing and dating this form, you authorize the CBSA to deal with the individual(s), or firm(s) listed in Sections 2 and/or 3 of this form.

Language

English French

Email

Telephone

Authorized Person's Name

Title

Signature

Date (yyyy-mm-dd)

Completed forms can be sent to:

Manager, Technical Commercial Client Unit
Program Business System Integration
Canada Border Services Agency
355 North River Road, 6th Floor, Tower B,
Ottawa, Ontario, Canada K1A 0L8
by email: tccu-ustcc@cbsa-asfc.gc.ca