

APPLICATION TO OBTAIN A NON-BONDED FREIGHT FORWARDER CODE (TO SUPPLY ELECTRONIC SUPPLEMENTARY DATA FOR ADVANCE COMMERCIAL **INFORMATION (ACI) ONLY)**

DEMANDE POUR OBTENIR UN CODE DE TRANSITAIRE NON CAUTIONNÉ (POUR FOURNIR DES DONNÉES ÉLECTRONIQUES SUPPLÉMENTAIRES POUR LE SYSTÈME D'INFORMATION PRÉALABLE SUR LES EXPÉDITIONS COMMERCIALES (SIPEC) SEULEMENT)

Company name - Nom de la société	Postal/Zip Code - Zip code/Code postal
Head office address - Adresse du bureau central	Telephone No N° de téléphone
	Facsimile No N° de télécopieur
Name and title of contact(s) - Nom et titre de la ou des personnes-ressources	I
Signature of applicant - Signature du demandeur	Title - Titre Date
Do not use this a	rea - N'inscrivez rien ici
Approved - Approbation Carrier code - Code de transporteur	Date of authorization - Date d'autorisation
NOTE: UNTIL SUCH TIME AS THE APPLICATION IS APPROVED AND AN AUTHORIZED CARRIER CODE IS ALLOTTED, THIS DOES NOT CONSTITUTE A VALID AUTHORITY	NOTA: TANT QUE LA DEMANDE N'A PAS ÉTÉ AGRÉÉE ET QU'UN CODE DE TRANSPORTEUR AUTORISÉ N'A PAS ÉTÉ ATTRIBUÉ, LA PRÉSENTE DEMANDE NE CONSTITUE PAS UNE AUTORISATION VALIDE.
The completed application should be submitted by facsimile to the following number:	Une fois remplie, la demande devrait être envoyée par télécopieur au numéro suivante :
Fax No.: (613) 957-9717	N° de télécopieur : (613) 957-9717
Dans ce formulaire, toutes les expressions désignar	nt des personnes visent à la fois les hommes et les femmes



CBSA Questionnaire - E369, E369-1, E370				
DATE:				
NAME OF CONTACT: (must be an employee of applicant company)				
TITLE OF CONTACT:				
TELEPHONE NUMBER OF CONTACT:				
FAX NUMBER OF CONTACT:				
E-MAIL ADDRESS OF CONTACT:				
LANGUAGE OF CORRESPONDENCE:				
LEGAL BUSINESS NAME:				
BUSINESS OPERATING NAME:				
MAILING ADDRESS: (line 1)				
(line 2)	***************************************			
(line 3)				
HEAD OFFICE ADDRESS: (line 1)				
(line 2)				
(line 3)				
WEBSITE (IF APPLICABLE)				
CONSENTED AGENT: (IF APPLICABLE)				
CONSENTED AGENT E-MAIL ADDRESS: (IF APPLICABLE)				
WILL YOUR COMPANY USE THE CARRIER CODE TO REPORT GOODS ENTERING CANADA MORE THAN 5 TIMES PER CALENDAR YEAR?				
WILL YOUR COMPANY BE CROSSING WITH COMMERCIAL GOODS AT AMBASSADOR BRIDGE (DETROIT - WINDSOR CROSSING)?				
Definition: The business number (BN) has 15 digits: nine numbers to identify the business, plus two letters and four numbers to identify the program and each account. The system includes major types of Canada Border Services Agency programs that many businesses may be registered for:* GST;* payroll deductions;* corporate income tax; and * import/export (identified by RM).For example, your import/export account will look like this: 123456789RM0002				
CLIENT OWNERSHIP TYPE (CORPORATION, PARTNERSHIP, SOLE PROPRIETORSHIP, OTHER) Additional Information: Provide proof of client ownership type. A photocopy of documentation may include articles of incorporation, business registration documents, or any other documents notarized by the company's respective province or state. If the company is a sole proprietorship, a photocopy of government issued photo identification must be provided.				
VEHICLES AND TRAILERS USED		Make - Model - VIN - Licence plate num	ber (including State/Province)	
List may be sent on separate document if too lengthy				
2) State a reason if no requipment list can be provided. If no reason				
is stated, the application may not be processed. It is not acceptable				
to state that vehicles have not yet been purchased.				
The questionnaire may be submitted using one of the fo	ollowing			
methods: 1) Email: carrier-cargo@cbsa-asfc.gc.ca 2) F 9717				
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