



ELECTRONIC DATA INTERCHANGE (EDI) APPLICATION FOR ADVANCE COMMERCIAL INFORMATION (ACI)

New

Update

Date (yyyy/mm/dd)

Section 1 - ACI EDI Application

Select one line of business that applies to this ACI EDI application.

Highway Carrier
 Air Carrier
 Marine Carrier
 Rail Carrier
 Freight Forwarder
 Warehouse Operator
 Account Security Holder

Section 2 - Company Profile

Legal Company Name <input type="text"/>	Operating/Trade Name <input type="text"/>
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CBSA Issued client identifier (Associated to the line of business selected.) <input type="text"/>
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Are you an approved Customs self-assessment (CSA) carrier or importer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Will you be transmitting customs information for CSA goods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Head Office Address

Street <input type="text"/>	City <input type="text"/>	Province/State Code <input type="text"/>	Country Code <input type="text"/>	Postal/Zip Code <input type="text"/>
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Business Office Address

Street <input type="text"/>	City <input type="text"/>	Province/State Code <input type="text"/>	Country Code <input type="text"/>	Postal/Zip Code <input type="text"/>
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Contact Information

Last Name <input type="text"/>	First Name <input type="text"/>	Title <input type="text"/>
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eMail <input type="text"/>	Telephone: <input type="text"/>	Fax: <input type="text"/>
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Language Preference	<input type="checkbox"/> English	<input type="checkbox"/> French
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Emergency After Hours Contact Information (the name of the person who can trouble shoot system issues)

Last Name <input type="text"/>	First Name <input type="text"/>	Title <input type="text"/>
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eMail <input type="text"/>	Telephone: <input type="text"/>	Fax: <input type="text"/>
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Language Preference	<input type="checkbox"/> English	<input type="checkbox"/> French
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Section 3 - Authorize an Agent

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.

Legal Company Name <input type="text"/>	Operating/Trade Name <input type="text"/>	CBSA identifier of the Agent (if applicable) <input type="text"/>
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Contact Information

Last Name <input type="text"/>	First Name <input type="text"/>	Title <input type="text"/>
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eMail <input type="text"/>	Telephone: <input type="text"/>	Fax: <input type="text"/>
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Do you authorize this agent to process customs information electronically for the CBSA on your behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you authorize the CBSA to release to this agent, customs information transacted on your behalf by this agent?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Language Preference	<input type="checkbox"/> English	<input type="checkbox"/> French
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*Customs information released to the Agent or Service Provider will include any information related to the EDI client profile, electronic information transmitted or processed by the Agent or Service Provider and pre-arrival information required by the CBSA during monitoring or audit.



Section 4 - Authorize a Service Provider

Complete this section if you have contracted the services of a service provider to set up your EDI client profile and/or transmit customs information electronically to the CBSA. 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 carrier regardless of whether a service provider is used. It is your responsibility to advise the CBSA should/when you wish to cancel authorization for this service provider. A service provider may be any party that you contract to transmit electronic documents and/or receive messages from the CBSA. A service provider is not an Agent in that they are simply providing a mechanism for which you may transact electronic commerce with the CBSA. Note: It is your responsibility to ensure that your Section 12, Report of Goods is obtained for your own books and records.

Legal Company Name 	Operating/Trade Name
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Contact Information

Last Name 	First Name 	Title
eMail 	Telephone: 	Fax:

Do you authorize this service provider to process customs information electronically for the CBSA on your behalf?	Yes	No
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Do you authorize the CBSA to release to this service provider customs information transmitted on your behalf by this service provider?*	Yes	No
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Language Preference	English	French
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*Customs information released to the Agent or Service Provider will include any information related to the EDI client profile, electronic information transmitted or processed by the Agent or Service Provider and pre-arrival information required by the CBSA during monitoring or audit.

Section 5 - Software

Will you be using your own software to create electronic customs information?	Yes	No
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Name of Software Provider	
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Section 5a - Communications Protocol Method

Identify the communication protocol method that you intend to use or that the authorized agent and/or service provider is to use. You may select one or more communication protocol methods to transmit customs information to the CBSA. Complete the following for each communication method that will be utilized.

More information on the approved communication methods may be found at www.cbsa-asfc.gc.ca/eservices/comm-eng.html.

Section 5b - Customs Internet Gateway

Will you be using the Customs Internet Gateway?	Yes	No
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Sender Identification (Client defined application sender ID as per the GS or UNG segment) 	Certificate Number in Production 	Certificate Number in Testing
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Mailbox ID (Partner ID, the ISA or UNB segment) 	EDI map version 	EDIFACT 	ANSI
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Section 5c - Direct Connect or Value Added Network

Will you be using a Direct Connect or Value Added Network?	Yes	No
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Name of Direct Connect or Value Added Network 	Sender Identification (Client defined application sender ID as per the GS or UNG segment)
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Mailbox ID (Partner ID, the ISA or UNB segment) 	EDI map version 	EDIFACT 	ANSI
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Section 6 - EDI Messages (must select one)

Please select from the list below, the EDI message(s) that you wish to add to your EDI client profile. You must select at least one of the message listed below

Name of Message	Line of Business the Message Applies to
Cargo and conveyance documents	Carriers (marine, highway, rail, air)
House bill document	Freight Forwarders
Supplementary documents	Carriers (marine, air), Freight Forwarders
Arrival document	Carriers (marine, air, rail), Warehouse operators
Bay plan document	Carriers (marine)

Section 6a Document Notices (Check all the notices you would like to receive. Please note an acknowledgment will be sent automatically once CBSA receives your inbound document).

See chart in instruction below to know which notices are available.

Name of Notices	Primary Notify Party	Automated Notify Party	Secondary Notify Party



	(PNP)	(ANP)	(SNP)
All Notices (select this box if you wish to receive all notices available)			N/A
Completeness Notices Matched/Not Matched/Cargo Complete/Document Package Complete		N/A	N/A
Disposition Notices			N/A
Reported			N/A
Arrived			N/A
Deconsolidation			N/A
Document Not on File			N/A
Authorized to Deliver			N/A
Released			N/A
Held for CBSA (Basic)			N/A
Manifest Forward Notice (This notice is received as a Secondary Notify Party and is currently only available on the House bill)	N/A		

Section 6b Profile: Please enter your Partner alias(es) as well as identify the document alias type for each.

Sender / Receiver ID (ISA/GS or UNB/UNG)	Format	
	GOV13A	ANSI7010
Return to Sender Mailbox ID		
Alternate Mailbox ID		
Alternate Mailbox ID		
Alternate Mailbox ID		

Section 7 – Remove a Company Contact

Last Name	First Name	eMail
[]	[]	[]

Section 8 – Remove an Agent

Complete this section if you wish to cancel authorization for this agent.

Legal Company Name	Operating/Trade Name	CBSA identifier of the Agent (if applicable)
[]	[]	[]

Section 9 – Remove a Service Provider

Complete this section if you wish to cancel authorization for this service provider.

Legal Company Name	Operating/Trade Name
[]	[]

Section 10 - 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 3 and/or 4 of this form.

Language Preference	Telephone	Fax	eMail
[] English [] French	[]	[]	[]
Authorized Person's Name	Title		
[]	[]		
Signature	Date (YYYY/MM/DD)		
[]	[]		

Completed forms can be sent to:

Program Business System Integration Division
Canada Border Services Agency
355 North River Road, 6th floor, Tower B
Ottawa, Ontario K1A 0L8

By eMail tccu-ustcc@cbsa-asfc.gc.ca

By Fax (343) 291-5482

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 account security holder 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.

Submission of the conveyance reference number (CRN) belonging to the carrier transporting the goods to Canada as part of your EDI transmission expressly acknowledges a contract of carriage for the goods with that carrier. Because the CRN is prescribed information for ACI necessary to link the goods to the conveyance, and it's provided to you by the carrier, its use as part of your EDI transmission constitutes the carrier's consent to its collection, use, retention and disclosure by the CBSA for any purpose regarding the goods. As well, such also constitutes your consent to the disclosure by the CBSA of any do-not-load notification regarding the goods to the carrier. As the carrier is legally obligated to report all goods upon arrival in Canada, it necessarily needs to know when a do-not-load notification has been issued by the CBSA regarding any goods destined to be transported by it.

The personal information is collected under the authority of the Customs Act (R.S.C., 1985, c.1 (Second Supp.)), Section 7.1, 8, 8.1 as well as Reporting of Imported Goods Regulations for the purpose of determining the admissibility of commercial goods, including conveyances and organizations, as well as U.S. Customs and Border Protection.

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

The company that is responsible for submitting electronic ACI information to the CBSA must complete and certify this application for new and updates to CBSA electronic client profiles.

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, (Legal Name and CBSA issued client identifier), and the relevant Sections 8 – 10 when removing a company contact or authorized agent and/or service provider.

Section 11 – Certification is mandatory for all new applications and all updates to existing electronic client profiles. The CBSA must receive a signed document from the company that is required to submit electronic ACI information. 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 - ACI EDI Application	
New	Select "new" if you are submitting a request for a new EDI ACI electronic client profile or wish to add an authorized agent or service provider.
Update	Select "update" if you are submitting changes to an existing EDI ACI electronic client profile.
Date of Application (yyyy/mm/dd)	Enter the date that you completed the application or update.
Select one line of business that applies to this ACI EDI application	<p>Select one line of business type that you wish to apply for or update. A separate application is required for each line of business.</p> <p>On a "new" application, if you choose:</p> <ul style="list-style-type: none"> • Highway carrier, will allow you to submit cargo and conveyance documents for highway shipments • Air carrier, will allow you to submit cargo, conveyance, house bills and conveyance arrival documents for all air shipments • Marine carrier, will allow you to submit cargo, conveyance, house bills, bay plan and conveyance arrival documents for all marine shipments • Rail carrier, will allow you to submit cargo, conveyance, house bills, and conveyance arrival documents for all rail shipments • Warehouse operator, will allow you to request ACI notices • Freight Forwarders, will allow you to submit house bill and close notifications for all shipments, all modes of transport • Account Security Holder, will allow you to receive notices based on advanced trade data for all shipments, all modes of transport
Section 2 – Company Profile	
Legal Company Name	<p>Provide the legal name of the company that you have on file with the CBSA (provided at time of client registration).</p> <p>Must be completed.</p>
Operating/Trade Name	Provide the operating/trade name that you operate under (if applicable).
CBSA Issued client identifier	<p>Provide the client identifier, associated to the line of business selected, assigned by the CBSA at time of client registration. E.g. If you selected Highway Carrier, provide your highway carrier code; If you selected Importer, provide your business number and importer/exporter account number.</p> <p>Must be completed.</p>
Are you a Customs Self-assessment (CSA) carrier or importer?	Identify whether you are an "approved" CSA client.
Will you be transmitting customs information for CSA goods?	If you are an "approved" CSA carrier, identify whether you wish to transmit customs information for CSA goods.
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.
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 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 head office. E.g. CA or US
Postal/Zip Code	Provide the postal or zip code of the head office.



Section 2 – Company Profile	
Business 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.
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 business 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 an Agent	
An agent may be any party that you contract to conduct business on your behalf i.e. Customs broker, another carrier, or freight forwarder. 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. Attach a separate list should you wish to authorize multiple Agents.	
Legal Company Name	Provide the legal name of the company that you have contracted to be your agent.
Operating/Trade Name	Provide the operating/trade name of the agent if applicable.
CBSA identifier of the Agent (if applicable)	Provide the CBSA client identifier that has been assigned to the Agent E.g. Account security number or carrier code.
Last Name	Provide the last name of an individual within the Agent's company that the CBSA may contact.
First Name	Provide the first name of an individual within the Agent'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 this agent to process customs information electronically for the CBSA on your behalf?	Select Yes if you are authorizing the agent to process customs information for the CBSA on your behalf.
Do you authorize the CBSA to release to this agent, customs information transacted on your behalf by this agent?*	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.



Section 4 – Authorize a Service Provider

A service provider may be any party that you contract to transmit customs information and/or receive messages from the CBSA. A service provider is not an Agent in that they are simply providing a mechanism for which you may transact electronic commerce with the CBSA.

Legal Company Name	Provide the legal name of the company that you have contracted as a service provider.
Operating/Trade Name	Provide the operating/trade name of the service provider if applicable.
Last Name	Provide the last name of a contact person employed by the service provider that the CBSA may contact.
First Name	Provide the first name of a contact person.
Title	Provide the title of the contact person.
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 this service provider to transmit customs information electronically for the CBSA on your behalf?*	Select Yes if you are authorizing the service provider to transmit customs information for the CBSA on your behalf.
Do you authorize the CBSA to release to this service provider customs information transmitted on your behalf by this service provider?*	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.

Section 5 - Software

Will you be using your own software to create electronic customs information?	Identify whether you have built your own software to submit customs information, whether you have purchased software or will be using your 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 transmit your customs information. E.g. ABC Software, XYZ Company

Section 5a-b – Communication Protocol Method

Identify the communication protocol method that you intend to use or that the authorized agent and/or service provider is to use. You may select one or more communication protocol methods to transmit customs information to the CBSA. Complete the following for each communication method that will be utilized.

Section 5a – Customs Internet Gateway

Will you be using the Customs Internet Gateway?	Select yes if you will be using the Customs Internet Gateway to transmit your customs information to the 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).
Sender Identification	Provide the client defined application send ID as per your GS or UNG segment.
Mailbox ID	Provide your partner ID in the ISA or UNB segment.
EDI Map Version	Identify the EDI map version that you will be using to transmit customs information to the CBSA.

Section 5b – Direct Connect (DC) or Value Added Network (VAN)

Will you be using a Direct Connect or Value Added Network?	Select Yes if you will be using a direct connection or value added network to transmit your customs information to the CBSA. If yes, please complete the Name of the DC or VAN, sender identification and mailbox id.
Name of Direct Connect	Provide the name of the DC or VAN that you plan to utilize.
Sender Identification	Provide the client defined application send ID as per your GS or UNG segment.
Mailbox ID	Provide your partner ID in the ISA or UNB segment.
EDI Map Version	Identify the EDI map version that you will be using to transmit customs information to the CBSA.



Section 6 – Request EDI Message

Please select from the list below, the EDI message(s) that you wish to add to your EDI client profile. At least one message must be selected.
IMPORTANT: Clients who are already registered for the June 2013 version of the Completeness Notices will be able to continue to receive them as well as sign up for the new full suite of Deployment 4 Completeness Notices, or switch over to the new Completeness Notices altogether. Clients who are not yet registered for the June 2013 Completeness Notices will only be able to sign up for the new full suite Fall 2015 Completeness Notices. Clients who are already in receipt of the June 2013 set of Completeness Notices can choose to continue to receive it, opt to receive both sets of Completeness Notices, or switch to the new Fall 2015 set of Notices. The June 2013 Completeness Notices however, will eventually be sunset. Once the Fall 2015 set of Notices are available, newly registered clients will only be able to register to receive this new set.

Cargo and conveyance	By selecting this message you will be able to send cargo and conveyance documents as well as receive all acknowledgement and reject messaging regarding the cargo and conveyance information.
House bills	By selecting this message you will be able to send house bill documents as well as receive all acknowledgement and reject messaging regarding the house bill information.
Supplementary documents	By selecting this message you will be able to send supplementary documents as well as receive all acknowledgement and reject messaging regarding the supplementary information.
Arrivals	By selecting this message you will be able to send arrival documents as well as receive all acknowledgement and reject messaging regarding the arrival information.
Bay plan	By selecting this message you will be able to send bay plan documents as well as receive all acknowledgement and reject messaging regarding the bay plan information.

Section 6a – Types of Notices (for more information on the notices please see Chapter 11 ECCRD).

Notice	Account Security Holder	Carrier /Freight Forwarder	Warehouse Operator
Completeness Notices			
Matched	✓	✓	
Not Matched	✓	✓	
Cargo Complete		✓	
Document Package Complete		✓	
Disposition Notices			
Reported		✓	✓
Arrived		✓	✓
Deconsolidation		✓	✓
Document Not on File		✓	
Authorized to Deliver	✓	✓ (carrier only)	✓
Released	✓	✓	✓
Held for CBSA (Basic)	✓	✓	✓
Manifest Forward	✓	✓	✓

Section 6b – ensure you complete with correct partner alias.

Section 6 additional information:

Primary Notify Party (PNP) is a client who transmits advance commercial information to the CBSA, and receives notification from the CBSA about the status of their Cargo and/or Conveyances.

Automated Notify Party (ANP) is a client who has been identified by the CBSA to receive a Manifest Forward Notice or a Status Notice automatically. Clients who fall in this category must also be registered to receive notices sent via this functionality. Warehouse Operators are deemed to be ANPs for the receipt of Manifest Forwards and Status Notices when the Manifest Movement Type of the Cargo or House Bill is in-bond and there is a valid Port of Destination Sub-loc on the Cargo or House Bill data transmissions.

(House bill Only) **Secondary Notify Party (SNP)** is a client who has been identified by a PNP to receive a Manifest Forward or Status Notice. Clients who transmit House Bill data will continue to be able to identify registered CBSA clients with whom they want to share a copy of their data through the use of the Manifest Forward functionality.



Section 7 - 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	Provide the email address of the company contact that you wish to remove.
Section 8 - Remove an Agent	
Legal Company Name	Provide the legal name of the agent that you wish to remove.
Operating/Trade Name	Provide the operating/trade name of the agent that you wish to remove. (if applicable)
CBSA Issued Client Identifier	Provide the CBSA issued client identifier of the agent that you wish to remove.
Section 9 - Remove a Service Provider	
Legal Company Name	Provide the legal name of the service provider that you wish to remove.
Operating/Trade Name	Provide the operating/trade name of the service provider that you wish to remove. (if applicable)
Section 10 – Certification	
The certification section provides the CBSA with confirmation that all the information within this application is accurate and complete and that all authorizations are approved. We must receive a signed form by the client company.	
Authorized Person's Name	Provide the name of an authorized person of your company with signing authority.
Title	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	Provide the email address of the authorized person.
Language Preference	Select the language preference of the authorized person.
Signature	Provide the name of an authorized person of your company with signing authority.
Date	Provide the date of certification.