



## ELECTRONIC DATA INTERCHANGE (EDI) APPLICATION FOR DAILY NOTICE (DN) AND STATEMENT OF ACCOUNT (SOA)

New  Update

Date (yyyy/mm/dd)

[Click here to enter a date.](#)

**Please read instructions provided on page 4**

### Section 1 - DN and SOA EDI Application

Select one line of business that applies to this DN & SOA EDI application.

Importer       Broker       Consultant

If importer selected, are you on the Importer Direct Security (IDS) or GST direct program? Indicate which one.       IDS       GST

### Section 2 - Company Profile

Legal Company Name <a href="#">Click here to enter text.</a>	Operating/Trade Name <a href="#">Click here to enter text.</a>
CBSA Issued client identifier (If you selected Importer, provide your business number and RM account (BN15). If you selected Broker, provide your BN9.)	<a href="#">Click here to enter text.</a>
Account Security (ASEC) (Provide if you have one or provide all the numbers if you have more than one).	<a href="#">Click here to enter text.</a>

#### Head Office Address

Number and Street <a href="#">Click here to enter text.</a>	City <a href="#">Click here to enter text.</a>	Province/State Code <a href="#">Click here to enter text.</a>	Country Code <a href="#">Click here to enter text.</a>	Postal/Zip Code <a href="#">Click here to enter text.</a>
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#### Business Office Address (If different from the Head Office Address)

Number and Street <a href="#">Click here to enter text.</a>	City <a href="#">Click here to enter text.</a>	Province/State Code <a href="#">Click here to enter text.</a>	Country Code <a href="#">Click here to enter text.</a>	Postal/Zip Code <a href="#">Click here to enter text.</a>
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#### Contact Information

Last Name <a href="#">Click here to enter text.</a>	First Name <a href="#">Click here to enter text.</a>	Title <a href="#">Click here to enter text.</a>
eMail <a href="#">Click here to enter text.</a>	Telephone: <a href="#">Click here to enter text.</a>	Fax: <a href="#">Click here to enter text.</a>
Language Preference	<input type="checkbox"/> English	<input type="checkbox"/> French

### Section 3 - Authorize a Customs Broker (Optional – to be completed by importers who wish to direct their importer DN and SOA to a broker).

If you authorize a customs broker, you have the option of directing your importer statements to your broker through his EDI connection.

Complete this section if you have contracted the services of a licensed customs broker to receive information from, and transact with the CBSA on your behalf. Please note that the obligation to provide information required by the Customs Act and any related regulation to the CBSA remains your sole legal responsibility regardless of whether a customs broker is used. It is your legal responsibility to advise the CBSA should/when you wish to cancel authorization for this customs broker.

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

Legal Company Name <a href="#">Click here to enter text.</a>	Operating/Trade Name <a href="#">Click here to enter text.</a>	CBSA identifier of the Customs Broker (BN9) <a href="#">Click here to enter text.</a>
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#### Contact Information

Last Name <a href="#">Click here to enter text.</a>	First Name <a href="#">Click here to enter text.</a>	Title <a href="#">Click here to enter text.</a>
eMail <a href="#">Click here to enter text.</a>	Telephone: <a href="#">Click here to enter text.</a>	Fax: <a href="#">Click here to enter text.</a>
Do you authorize the CBSA to release specific customs information to this customs broker?*		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you designate this customs broker to receive the copy of your Daily Notice and your Statement of Account?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Language Preference	<input type="checkbox"/> English	<input type="checkbox"/> French

\* 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.**



**Section 4 – Authorize receipt of Importers statements (Optional – to be completed by brokers only)**

List the BN15 of the clients (importers) for whom you will receive Importer statements:

This option is only available for importers that do not have an EDI connection.

All importers identified by their BN15 in this section must also complete this form in order to provide CBSA the authorization to release the DN and SOA information to the broker identified in Section 2 above.

**Section 5 - Authorize a Third Party Service Provider**

Complete this section if you have contracted the services of a third party service provider to set up your EDI client profile and/or receive prescribed information from the CBSA on your behalf. A service provider may be any third party with whom you contract for this purpose and need not be a licensed customs broker. Please note that the obligation to provide information required by the Customs Act and any related regulation to the CBSA remains your sole legal responsibility regardless of whether a third party service provider is used. It is your legal responsibility to advise the CBSA should/when you wish to cancel authorization for this service. If you have questions regarding the sections 6 to 9, your third party service provider should assist you.

Legal Company Name Click here to enter text.	Operating/Trade Name Click here to enter text.
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**Contact Information**

Last Name Click here to enter text.	First Name Click here to enter text.	Title Click here to enter text.
eMail Click here to enter text.	Telephone: Click here to enter text.	Fax: Click here to enter text.
Do you authorize the CBSA to share your customs information with this third party service provider?*		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Language Preference	<input type="checkbox"/> English	<input type="checkbox"/> French

\*Customs information released under this consent will include any information related to your EDI client profile, any CBSA response to information transmitted to it by this third party service provider on your behalf, your Daily Notice and your Statement of Account, and any prescribed information required by the CBSA during monitoring or audit functions.

**Sections 6 to 9 are to be completed with the assistance of your customs broker, your third party service provider or your IT support.**

**Section 6 - Format**

Indicate your preferred format to receive your DN and SOA.	<input type="checkbox"/>	CADEX	<input type="checkbox"/>	EDIFACT	<input type="checkbox"/>	XML
If you have chosen CADEX, during the test period, we can transmit documentation in CADEX and another format. If you are interested in this option, select Yes and your choice of secondary format.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	EDIFACT	<input type="checkbox"/>	XML
Provide SOAP Protocol and Qualifier (only applies to XML format) (Optional)	Click here to enter text.					

**Section 7 – Software**

Provide information about your software

Will you be using proprietary software to receive customs information electronically?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If you have checked no above, provide the name of software provider	Click here to enter text.			

**Section 8 - Communications Protocol Method**

Identify the communication 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 methods may be found at [www.cbsa-asfc.gc.ca/eservices/comm-eng.html](http://www.cbsa-asfc.gc.ca/eservices/comm-eng.html).

**Section 8a - Customs Internet Gateway (CIG)**

Will you be using the Customs Internet Gateway?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Certificate Number in Production Click here to enter text.	Certificate Number in Testing Click here to enter text.			

**Section 8b - Value-Added Network (VAN)**

Will you be using a Value Added Network?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
VAN-assigned Mailbox Address in Production Click here to enter text.	VAN-assigned Mailbox Address in Testing Click here to enter text.			

**Section 8c - Direct Connect (MQ Messaging)**

Will you be using Direct Connect?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Network parameters in Production Click here to enter text.	Network parameters in Testing Click here to enter text.			



**Section 9 - Electronic Data Interchange (EDI) Envelope Information (If you are using EDIFACT or CADEX)**

Interchange Identification in Production (UNB) Click here to enter text.	Interchange Identification in Testing (UNB) Click here to enter text.
Application Identification in Production (UNG) Click here to enter text.	Application Identification in Testing (UNG) Click here to enter text.

**Section 10 - Remove a Company Contact**

Last Name Click here to enter text.	First Name Click here to enter text.	eMail Click here to enter text.
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**Section 11 - Remove a Customs Broker**

Complete this section if you wish to cancel authorization for this customs broker.

Legal Company Name Click here to enter text.	Operating/Trade Name Click here to enter text.	CBSA identifier of the Customs Broker (if applicable) Click here to enter text.
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**Section 12 - Remove a Third Party Service Provider**

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

Legal Company Name Click here to enter text.	Operating/Trade Name Click here to enter text.
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**Section 13 - 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
<input type="checkbox"/> English <input type="checkbox"/> French Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Authorized Person's Name Click here to enter text.	Title Click here to enter text.		
Signature	Date (YYYY-MM-DD) Click here to enter a date.		

**Completed forms can be sent to:**

Technical Commercial Client Unit  
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](mailto: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 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](http://www.infosource.gc.ca)

### Instructions

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

This form, duly completed and submitted, is an application to proceed with certification testing for EDI transmission of Daily Notice and Statement of Account under the CBSA Account Receivable Ledger (ARL) Program.

As a legal entity acting as a Customs Broker or an Importer of goods into Canada who holds an Account Security designation, you are required to complete this application form to receive your statements electronically.

If you are a customs broker, you will complete sections 1, 2, 4, 6, 7, 8, 9, 13 (one form per BN9). Do not forget to indicate your BN number in the section 2 of this form.

If you are an importer, you will complete sections 1, 2, 3, 5, 6, 7, 8, 9, 13 (one form per BN15). Do not forget to indicate your BN number in the section 2 of this form.

If you are a consultant, you will complete sections 1, 2, 5, 13. And your service provider will assist you in completion of 6,7,8,9.

In addition to the sections listed above, read through the entire form as other sections may apply to your situation.

If you are an importer with an ASEC, and don't have EDI and would like to have an electronic statement sent to your customs broker, you will complete sections 1, 2, 3.

If you have already submitted an application form and wish to make changes to your Contact Person, your Broker or 3<sup>rd</sup> Party Service Provider, complete the appropriate section: 1, 2, 3 or 5.

Section 13 – Certification (i.e. signature) is mandatory for all new applications to send or receive EDI documentation; it is also required to authorize updates to existing electronic client profile, including providing authorization to have the new DN and SOA statements sent to a broker or third party service provider, even if a similar arrangement exists today.

<b>Section 1 - DN and SOA EDI Application</b>	
New or Update	<b>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.</b>
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: <ul style="list-style-type: none"> <li>• Importer: you (or your broker or service provider) will receive importer DNs and SOAs</li> <li>• Broker: you will receive broker DNs and SOAs, which will have a section on it for each of your clients.</li> <li>• Consultant: you (or your service provider) will receive consultant DNs.</li> </ul>
If importer selected, are you on the Importer Direct Security (IDS) or GST direct program? Indicate which one.	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. Only applicable to importers that are using a broker.
<b>Section 2 - Company Profile</b>	
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).
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 selected Importer, provide your business number and RM account (BN15). If you selected Broker, provide your BN9. If you have an Account Security, provide your number(s).
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 <a href="http://www.canadapost.ca/tools/pg/manual/PGaddress-e.asp#1380608">www.canadapost.ca/tools/pg/manual/PGaddress-e.asp#1380608</a> 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 <a href="http://www.canadapost.ca/tools/pg/manual/PGaddress-e.asp#1380608">www.canadapost.ca/tools/pg/manual/PGaddress-e.asp#1380608</a> 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 Broker**

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 applicable)	Provide the CBSA client identifier that has been assigned to the customs broker
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 statements (Optional – to be completed by brokers only)**

List the BN15 of the clients (importers) for whom you will receive Importer statements:  
Customs Brokers receiving Importers' DNs and SOAs on behalf of the importer must list these importers BN15's.

**Section 5 - Authorize a Third Party Service Provider**

A service provider may be any third party that you contract with that you want to authorize CBSA to transmit information to, or receive information from, on your behalf.

**If you have questions regarding the sections 6 to 9, your third party service provider should assist you.**

Legal Company Name	Provide the legal name of the company that you have contracted as a third party service provider.
Operating/Trade Name	Provide the operating/trade name of the third party service provider if applicable.
Last Name	Provide the last name of a contact person employed by the third party 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 the CBSA to share your customs information with this third party service provider?*	Select Yes if you are authorizing the third party service provider to receive customs information from the CBSA, and transact on your behalf.

**Sections 6 to 9 are to be completed with the assistance of your customs broker, your third party service provider or your IT support.**

<b>Section 6 - Format</b>	
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.
Provide SOAP Protocol and Qualifier (only applies to XML format) (Optional)	CBSA has implemented an OPTIONAL enhancement to the XML message format for electronic Daily Notices (DN) and Statement of Account (SOA) to make use of a custom SOAP (Simple Object Access Protocol) envelope. This enhancement adds additional routing information to the XML message which facilitates the routing of the DN and SOA messages within partners EDI infrastructure. For additional information on this option contact the CARM mailbox. ( <a href="mailto:CBSA-ASFC_CARM.GCRA@cbsa-asfc.gc.ca">CBSA-ASFC_CARM.GCRA@cbsa-asfc.gc.ca</a> )
<b>Section 7 - Software</b>	
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, XYZ Company
<b>Section 8 – Communication Protocol Method</b>	
Identify the communication 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.	
<b>Section 8a – Customs Internet Gateway (CIG)</b>	
Will you be using the Customs Internet Gateway?	Select yes if you will be using the Customs Internet Gateway to receive 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).
<b>Section 8b – Value Added Network (VAN)</b>	
Will you be using a Value Added Network?	Select Yes if you will be using a value added network to receive your customs information from the CBSA.
VAN-assigned Mailbox Address in Production	Provide the VAN-assigned Mailbox Address in Production.
VAN-assigned Mailbox Address in Testing	Provide the VAN-assigned Mailbox Address in Testing.
<b>Section 8c – Direct Connect (MQ Messaging)</b>	
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.
Network parameters in Production	Provide the Network parameters in Production.
Network parameters in Testing	Provide the Network parameters in Testing.
<b>Section 9 – Electronic Data Interchange (EDI) Envelope Information</b>	
Complete this section ONLY if you are using EDIFACT or CADEX. Doesn't apply to XML.	
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).
<b>Section 10 – Remove a Company Contact</b>	
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.
<b>Section 11 – Remove a Customs Broker</b>	
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.
<b>Section 12 – Remove a Third Party Service Provider</b>	
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).
<b>Section 13 – Certification</b>	
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.