

RELEASE NOTIFICATION SYSTEM (RNS) APPLICATION FORM

Section I - Applicant Information

Company Profile - select type of business:

Customs Broker		Warehouse Operator	
Freight Forwarder		Carrier	
Other:			

Date of application	
Name of applicant (company)	
Company address City, province/state, country Postal/zip code	
Contact person and Title	
Telephone Number	
FAX Number	
e-mail	
Afterhours Contact Person and Title	
Afterhours Contact Telephone Number	
Afterhours Contact E-mail	
In which language would you like to be assisted	English ___ French ___

Company Official's Name (printed)

Company Official's Signature

Section II - RNS Options

In the box below, indicate the option (s) for which you are applying, that is; Automatic Release Notification, Arrival Certification, Status Query or Automatic Status.

For Automatic Release Notification, up to two profiles can be defined;

- one for combinations of "all" codes,
 - and one for a specific set of codes.
- A. Indicate if "all" or only "specific" carrier codes are required in combination with an account security code. (Normally carriers provide their carrier code and account security holders indicate "all").
 - B. Indicate if "all" or only "specific" account security numbers are required in combination with the carrier codes requested. (Normally carriers indicate "all" and account security holders provide their account security code).
 - C. Customs office codes required. If not required for "all" offices, provide the "specific" office codes.
 - D. Sub-Location codes; identify required Warehouse Ids. The participant will only receive the sub-location code if it is supplied with the inbound EDI release transaction or paper release transaction.

Check (one or more)	Option	Carrier Code	Account Security Number	Office Number	Sub-Location Code
	Automatic RNS Profile # 1				
	Automatic RNS Profile # 2 (optional)				
	Arrival Certification				
	Status Query				
	Automatic Status				

**If more space is required to list specific carrier codes, account security numbers and/or office codes; please provide an attached list and indicate the relevant option.*

SECTION III - 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 will be using a service provider to exchange data with the CBSA, please complete this block	
Name of service provider (if applicable)	
Method of communication	<input type="checkbox"/> Customs Internet Gateway <input type="checkbox"/> Direct connect name: _____ <input type="checkbox"/> Value Added Network name: _____
Contact person	
Telephone	
FAX	
e-mail	

If your company will be exchanging data directly with the CBSA, please complete this block	
Method of communication	<input type="checkbox"/> Customs Internet Gateway <input type="checkbox"/> Direct connect name: _____ <input type="checkbox"/> Value Added Network name: _____

SECTION IV - CONFIGURATION

Certificate number in production (if transmitting through Customs Internet Gateway)	
Certificate number in test (if client is testing and transmitting through Customs Internet Gateway)	
Sender identification (client defined, or transmission site if desired [U99999V1])	
Mailbox ID	
Which map version will you be using?	96A _____ 99B _____
Requested implementation date	

Completed forms can be sent :

by FAX: (343) 291-5482	by mail: Manager, Technical Commercial Client Unit Program Business System Integration Canada Border Services Agency 355 North River Road, 6 th Floor, Tower B Ottawa, Ontario K1A 0L8	via e-mail: tccu-ustcc@cbsa-asfc.gc.ca
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