



**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	Operating/Trade Name
<input type="text"/>	<input type="text"/>

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

**Business Office Address**

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

**Contact Information**

Last Name	First Name	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>

eMail	Telephone:	Fax:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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	First Name	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>

eMail	Telephone:	Fax:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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	Operating/Trade Name	CBSA Identifier of the Agent (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Contact Information**

Last Name	First Name	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>

eMail	Telephone:	Fax:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 <b>Universal Holding Inc</b>	Operating/Trade Name <b>Advanced Border Processing Center</b>
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**Contact Information**

Last Name <b>Eric</b>	First Name <b>Bailey</b>	Title <b>Operations Manager</b>
eMail <b>ebailey@go-universal.com</b>	Telephone: <b>313-965-8299</b>	Fax: <b>313-965-7399</b>

Do you authorize this service provider to process customs information electronically for the CBSA on your behalf?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?*	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Language Preference	<input checked="" 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 5 - Software**

Will you be using your own software to create electronic customs information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Name of Software Provider	<b>Descartes</b>
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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](http://www.cbsa-asfc.gc.ca/eservices/comm-eng.html).

**Section 5b - Customs Internet Gateway**

Will you be using the Customs Internet Gateway?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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

Mailbox ID (Partner ID, the ISA or UNB segment)	EDI map version	EDIFACT	ANSI

**Section 5c - Direct Connect or Value Added Network**

Will you be using a Direct Connect or Value Added Network?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Name of Direct Connect or Value Added Network <b>Descartes (VAN)</b>	Sender Identification (Client defined application sender ID as per the GS or UNG segment) <b>00232N2</b>
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Mailbox ID (Partner ID, the ISA or UNB segment)	EDI map version	EDIFACT	ANSI
<b>002654232</b>			

**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
<input checked="" type="checkbox"/> Cargo and conveyance documents	Carriers (marine, highway, rail, air)
<input type="checkbox"/> House bill document	Freight Forwarders
<input type="checkbox"/> Supplementary documents	Carriers (marine, air), Freight Forwarders
<input type="checkbox"/> Arrival document	Carriers (marine, air, rail), Warehouse operators
<input type="checkbox"/> 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)
<b>All Notices (select this box if you wish to receive all notices available)</b>			N/A
<b>Completeness Notices</b>		N/A	N/A
Matched/Not Matched/Cargo Complete/Document Package Complete			
<b>Disposition Notices</b>			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
<b>Manifest Forward Notice (This notice is received as a Secondary Notify Party and is currently only available on the House bill)</b>	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)		