



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"/>			
Are you an approved Customs self-assessment (CSA) carrier or importer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will you be transmitting customs information for CSA goods?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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

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

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
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
Language Preference	<input type="checkbox"/> English	<input type="checkbox"/> French		

*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 <input type="text" value="CrimsonLogic (North America) Inc."/>	Operating/Trade Name <input type="text"/>
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Contact Information

Last Name <input type="text" value="Argosino"/>	First Name <input type="text" value="Clarice"/>	Title <input type="text" value="Administrator"/>
eMail <input type="text" value="clariceargosino@crimsonlogic.com"/>	Telephone: <input type="text" value="905-763-6887 x 208"/>	Fax: <input type="text" value="905-763-2321"/>

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 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Name of Software Provider	<input type="text"/>
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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?	<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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailbox ID (Partner ID, the ISA or UNB segment)	<input type="text"/>	EDI map version	<input type="text"/>	EDIFACT	<input type="checkbox"/>	ANSI
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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 <input type="text" value="CrimsonLogic"/>	Sender Identification (Client defined application sender ID as per the GS or UNG segment) <input type="text" value="U00495V1 (Marine, Air)"/> <input type="text" value="U00495H1 (House Bill)"/>
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Mailbox ID (Partner ID, the ISA or UNB segment)	<input type="text" value="Suite 260"/>	EDI map version	<input checked="" type="checkbox"/> EDIFACT	<input type="checkbox"/> 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
<input 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	(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)		