



Certified Customs Specialist (CCS) Certification Program Application Form

Application & Registration Dates are posted online. Late applications will **not** be accepted.

Please submit this form prior to registering online or submitting course payment.
Applications should be saved and sent to education@ncbfaa.org.

STUDENT INFORMATION

First Name: _____ Middle: _____ Last Name: _____

Are you a member of NCBFAA? Yes ___ No ___ Email: _____ Gender: M ___ F ___

Street Address: _____

P.O. Box/Apt: _____ City: _____ State: _____ Zip Code: _____

Employer: _____ Phone No.: _____

PROFESSIONAL INFORMATION

Do you have a minimum of one year of experience in the import business? Yes ___ No ___

If yes, please submit supporting documents along with this application. If no, please contact education@ncbfaa.org to confirm eligibility.

U.S. IMPORT EXPERIENCE

Position	Company	Start Date	End Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Years of Import Experience: _____ Highest Position Held: _____

Highest Level of Education Completed: _____

The above information is complete and accurate. I meet all eligibility requirements for the CCS course and I authorize the NCBFAA Educational Institute to verify my credentials and professional background. I understand that incomplete or false information may be cause for denial of this application.

SIGNATURE:

DATE: