



ELECTRONIC DATA INTERCHANGE (EDI) APPLICATION FOR THE INTEGRATED IMPORT DECLARATION (IID)

New Update

The information you provide in this document is collected under the authority of sections 32 and 33 of the *Customs Act* for the purpose of determining the admissibility of commercial goods.

The information may be disclosed to Canadian Food Inspection Agency, Canadian Nuclear Safety Commission, Environment and Climate Change Canada, Fisheries and Oceans Canada, Global Affairs Canada, Health Canada, Natural Resources Canada, Public Health Agency of Canada and Transport Canada for the purpose or carrying out an activity, providing a service or administering a program.

Submission of any commercial trade data and personal information as part of your EDI transmission constitutes your consent and acknowledgement that you, as an importer or licensed customs broker, have informed all individuals whose personal information is listed in your transmission with proper and adequate privacy protection notices and that you have secured their consent to the collection, use, retention, and disclosure of this personal information by the Canada Border Services Agency.

Individuals have the right of access to and/or can make corrections of their personal information under the *Privacy Act*. The information collected is described within Info Source under the Carrier and Cargo Program Personal Information Bank PPU 045, the Food, Plant and Animal (FPA) Program Personal Information Bank CBSA PPU 062, Administrative Monetary Penalty System Program Personal Information Bank CBSA PPU 001 and eManifest Personal Information Bank CBSA PPU 048, which is detailed at <http://www.cbsa-asfc.gc.ca/>

Date (yyyy-mm-dd)

Section 1 - IID EDI Application				
Select one line of business that applies to this IID EDI application.				
<input type="checkbox"/> Importer <input type="checkbox"/> Broker				
Section 2 - Company Profile				
Legal Company Name			Operating/Trade Name	
Account Security Number				
Are you approved for Customs Self Assessment (CSA)?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Head Office Address				
Street	City	Province/State Code	Country Code	Postal/Zip Code
Business Office Address				
Street	City	Province/State Code	Country Code	Postal/Zip Code
Contact Information				
Last Name	First Name	Title		
Email	Telephone (999-999-9999)	Language Preference		
<input type="checkbox"/> English <input type="checkbox"/> French				
Section 3 - 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 importer 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.				
Legal Company Name			Operating Trade Name	
Contact Information				
Last Name	First Name	Title		
Email	Telephone (999-999-9999)	Language Preference		
<input type="checkbox"/> English <input type="checkbox"/> French				
Do you authorize this service provider 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 service provider customs information transmitted on your behalf by this service provider?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Section 4 - Software				
Will you be using your own software to create electronic customs information?			Name of Software Provider	
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Section 5 - Communications Protocol Method

Identify the communication protocol method that you intend to use or that the authorized 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 5a - Customs Internet Gateway

Will you be using the Customs Internet Gateway? <input type="checkbox"/> Yes <input type="checkbox"/> No	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)	

Section 5b - Direct Connect or Value Added Network

Will you be using a Direct Connect or Value Added Network? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sender Identification (Client defined application sender ID as per the GS or UNG segment)
Name of Direct Connect or Value Added Network	
Mailbox ID: (Partner ID, the ISA or UNB segment)	

Section 6 - Request EDI Messages

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 messages listed below

Name of Message	Line of Business
<input type="checkbox"/> IID	Importer
<input type="checkbox"/> IID	Broker
<input type="checkbox"/> Document Imaging Functionality (DIF)	Importer
<input type="checkbox"/> DIF	Broker

Section 7 - Remove a Company Contact

Last Name	First Name	Email
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Section 8 - Remove a Service Provider

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

Legal Company Name	Operating/Trade Name
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Section 9 - Request PGA

Please select from the list below, the Participating Government Departments and Agencies (PGA) that you wish to engage. You must select at least one of the PGAs listed below

<input type="checkbox"/> Canadian Food Inspection Agency
<input type="checkbox"/> Canadian Nuclear Safety Commission
<input type="checkbox"/> Environment and Climate Change Canada
<input type="checkbox"/> Fisheries and Oceans Canada
<input type="checkbox"/> Global Affairs Canada
<input type="checkbox"/> Health Canada
<input type="checkbox"/> Natural Resources Canada
<input type="checkbox"/> Public Health Agency of Canada
<input type="checkbox"/> Transport Canada

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 Section 3 of this form.

Email	Telephone (999-999-9999)	Language Preference <input type="checkbox"/> English <input type="checkbox"/> French
_____ Authorized Person's Name:		_____ Title
_____ Signature		_____ Date: (YYYY/MM/DD)

Completed forms can be sent to:

Technical Commercial Client Unit
Canada Border Services Agency
355 North River Road, 6th floor, Tower B
Ottawa, ON K1A 0L8
Email address: TCCU-USTCC@cbsa-asfc.gc.ca

Instructions

The company that is responsible for submitting electronic IID information to the CBSA must complete and certify this application for new and updates to CBSA electronic client profiles.

Complete all relevant sections when submitting a new application. A separate application must be submitted for each service/software provider that you intend to conduct business with.

Complete Section 1, Section 2 (Legal Name Account Security Number), and all relevant sections when updating an existing electronic client profile.

Complete Section 1, (Legal Name and Account Security Number), and the relevant Sections 7 and 8 when removing a company contact or service/software provider.

Section 10 - Certification is mandatory for all new applications and all updates to existing electronic client profiles. The CBSA must receive a signed document from the company that is required to submit electronic IID information. If you wish to submit this form electronically, you must print, sign and then scan and send the application to the email address provided on this form.

Section 1 - IID EDI Application	
New	Select "new" if you are submitting a request for a new EDI IID electronic client profile or wish to add a service/software provider.
Update	Select "update" if you are submitting changes to an existing EDI IID electronic client profile.
Date of Application (yyyy/mm/dd)	Enter the date that you completed the application or update.
Select one line of business that applies to this IID 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. On a "new" application, if you choose: <ul style="list-style-type: none"> • Importer, will allow you to submit electronic releases for all shipments, all modes of transport • Broker, will allow you to submit electronic releases for all shipments, all modes of transport
Section 2 - Company Profile	
Legal Company Name	Provide the legal name of the company that you have on file with the CBSA (provided at time of client registration). Must be completed.
Operating/Trade Name	Provide the operating/trade name that you operate under (if applicable).
Account Security Number	Provide the Account Security Number assigned by the CBSA. Must be completed.
Are you a CSA client?	Identify whether you are approved for CSA.
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.
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 www.canadapost.ca/tools/pg/manual/PGaddress-e.asp#1380608 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	The office where the day-to-day activities are carried out. If you are a non-resident importer, please identify a Canadian office if applicable.
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 www.canadapost.ca/tools/pg/manual/PGaddress-e.asp#1380608 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 information of a person within the company that the CBSA may contact regarding this application, testing and production.
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.
Email	Provide the email address of the contact person.
Language Preference	Select the language preference of the contact person.

Section 3 - Authorize a Service Provider

A service provider may be any party that you contract to transmit customs information 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.

Legal Company Name	Provide the legal name of the company that you have contracted as a service provider.
Operating/Trade Name	Provide the operating/trade name of the service provider if applicable.
Last Name	Provide the last name of a contact person employed by the 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.
Email	Provide the email address of the contact person.
Language Preference	Select the language preference of the contact person.
Do you authorize this Service Provider to process customs information electronically for the CBSA on your behalf?	Select Yes if you are authorizing the service provider to transmit customs information for the CBSA on your behalf.
Do you authorize the CBSA to release to this Service Provider, customs information transacted on your behalf by this Service Provider?*	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.

Section 4 - Software

Will you be using your own software to create electronic customs information?	Identify whether you have built your own software to submit customs information or whether you have purchased 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 transmit your customs information. E.g. ABC Software, XYZ Company

Section 5 - Communication Protocol Method

Identify the communication protocol method that you intend to you 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.

Section 5a - Customs Internet Gateway

Will you be using the Customs Internet Gateway?	Select yes if you will be using the Customs Internet Gateway to transmit 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).
Sender Identification	Provide the client defined application send ID as per your GS or UNG segment.
Mailbox ID	Provide your partner ID in the ISA or UNB segment.
EDI Map Version	Identify the EDI map version that you will be using to transmit customs information to the CBSA.

Section 5b - Direct Connect (DC) or Value Added Network (VAN)

Will you be using a Direct Connect or Value Added Network?	Select Yes if you will be using a direct connection or value added network to transmit your customs information to the CBSA. If yes, please complete the Name of the DC or VAN, sender identification and mailbox id.
Name of Direct Connect	Provide the name of the DC or VAN that you plan to utilize.
Sender Identification	Provide the client defined application send ID as per your GS or UNG segment.
Mailbox ID	Provide your partner ID in the ISA or UNB segment.
EDI Map Version	Identify the EDI map version that you will be using to transmit customs information to the CBSA.

Section 6 - Request EDI Message

Please select from the list below, the EDI message(s) that you wish to add to your EDI client profile. At least one message must be selected.

IID	By selecting this message you will be able to send electronic release documents as well as receive all acknowledgement and reject messaging regarding the electronic release information.
DIF	By selecting this message you will be able to send electronic images of LCPO's as well as receive all acknowledgement and reject messaging regarding the electronic release information.

Section 7 - Remove a Company Contact

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.

Section 8 - Remove a Service Provider

Legal Company Name	Provide the legal name of the service provider that you wish to remove.
Operating/Trade Name	Provide the operating/trade name of the service provider that you wish to remove. (if applicable)

Section 9 - Testing

Please select from the list below, the PGA's that you wish to engage in testing. You must select at least one of the Departments listed below.

Canadian Food Inspection Agency

Canadian Nuclear Safety Commission

Environment and Climate Change Canada

Fisheries and Oceans Canada

Global Affairs Canada

Health Canada

Natural Resources Canada

Public Health Agency of Canada

Transport Canada

Section 10 - Certification

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.
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.