



## CUSTOMS SELF ASSESSMENT PROGRAM CARRIER APPLICATION – PART I

The Customs Self Assessment (CSA) program offers approved carriers the benefits of a streamlined clearance option for CSA eligible goods.

### Do you qualify for the CSA program?

You may qualify for the CSA program if you:

- reside in Canada or the United States if an individual or partner, or operate a branch in Canada or the United States, if a corporation or cooperative;
- have transported commercial goods into Canada at least once prior to the 90 days before the day on which the application was received;
- are a CBSA bonded carrier with a minimum \$25,000.00 bond;
- are without contraband or major commercial infractions;
- are willing to be liable for and maintain control of CSA shipments until delivered to the destination; and
- can provide senior management representation that your commercial business processes will support CSA program requirements.

### How do you apply for the CSA program?

There are two parts to the CSA application process. **You must receive written notification of approval from the CBSA for each part before moving on to the next.**

- Part I – You will provide basic information about your business structure and commercial activities. The CBSA will then conduct a risk assessment of your company.
- Part II – You will have to document your commercial business process and audit trails relating to the flow from order to billing of a shipment.
- You will be asked to sign a summary of program requirements once the application is approved. This will solidify your partnership with the CBSA.

### An authorized officer of your company must complete, sign and send the attached Part I application form to:

Canada Border Services Agency  
Manager, CSA/FAST Carrier Compliance Unit  
55 Bay Street North, 6th Floor  
Hamilton ON L8R 3P7

Do not proceed to Part II until you have received written notification from the CBSA advising you that your Part I application has been approved.

### Note

The CBSA reserves the right to request additional information for the purposes of this application process.

Each division of your company that maintains its own cargo reporting system and books and records must apply separately using its own carrier code.

### Terminals and Warehouses

As part of the CSA application and approval process, carriers must submit an inventory of their terminals and warehouses to the CBSA. The specifications for sending these lists are provided in Appendix A.

### Need more information?

If you would like more information about the CSA program please contact the CBSA office nearest your head office. To see a list of CBSA offices please visit our Website at: [www.cbsa.gc.ca](http://www.cbsa.gc.ca).



## CUSTOMS SELF ASSESSMENT PROGRAM CARRIER APPLICATION – PART I

**Note:** Approval under the CSA Program, by the Canada Border Services Agency, applies to the expedited CSA clearance of shipments into Canada. CSA approval, combined with approval under the Partners in Protection Program, applies to the use of available FAST lanes into Canada. These programs do not give the carrier any rights to use the FAST lanes or FAST clearance process into the United States or Mexico.

Section A – Applicant Identification			
1. Company Operating Name		Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	
Business Number (BN) <input type="checkbox"/> N/A	Canadian carrier code assigned by CBSA	Legal business name	
Business type <input type="checkbox"/> carrier <input type="checkbox"/> other (specify) ▶ _____		Number of years that this applicant company has transported goods into Canada	
Business address			
City	Province or state	Country	Postal or zip code
2. Mailing address (if different from above)			
City	Province or state	Country	Postal or zip code
3. Client ownership type <input type="checkbox"/> corporation <input type="checkbox"/> sole proprietor <input type="checkbox"/> partnership <input type="checkbox"/> other (specify) ▶ _____			
4a. Indicate the year in which the company was founded		4b. Indicate the types and number of vehicles used (cube vans, refrigerated trailers, flat bed trailers, etc.)	
4c. Provide a copy of the chart of your corporate structure. Your corporate structure also includes each related legal entity, if applicable. Include a brief description of the operation or specialities of each related legal entity and explain the business link between each.			
4d. Provide a copy of your Articles of Incorporation (or the first page from your company minute book), including a copy of the nomination of each officer with their title.			
4e. Provide a copy of your company directory (employee names, job titles and phone numbers)			
5. Trading, operating, or partnership name(s)			<input type="checkbox"/> N/A
6. Website			<input type="checkbox"/> N/A
7. CSA contact name ▶	Last name	First name	Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French
Title		Email address	
Telephone number (    )		Fax number (    )	
Contact mailing address (if different from above)			
City	Province or state	Country	Postal or zip code
8. What types of services do you provide? <input type="checkbox"/> highway <input type="checkbox"/> air <input type="checkbox"/> rail <input type="checkbox"/> marine <input type="checkbox"/> container <input type="checkbox"/> courier <input type="checkbox"/> mail <input type="checkbox"/> freight forwarder <input type="checkbox"/> other (specify) ▶ _____			

**Section A – Applicant Identification (continued)**

9. How many shipments did you transport into Canada during the past 24 months?	10. How many employees are there in your company?	11. Fiscal year end date
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12. Address of the location of books and records

City	Province or state	Country	Postal or zip code
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13. Are you on summary reporting of foreign repairs to Canadian equipment?  No  Yes \* \* If yes, to which CBSA office do you send the reports?

14. What border crossings do you normally use? (Attach a list if you need more space)

15a. Do you transport goods into Canada for which your company is the importer of record?  No  Yes  
(If yes, please list business number(s) and business name(s) below)

Business number(s)	Business name(s)

15b. Do you transport goods into Canada for which a related company is the importer of record?  No  Yes  
(If yes, please list business number(s) and business name(s) below)

Business number(s)	Business name(s)

16. Please list all other company carrier codes and names associated with your company, not previously identified.  N/A

Carrier code(s)	Carrier name(s)

17a. Please indicate the total number of terminals and warehouses you own or operate.  N/A

17b. Please provide the name and addresses for all terminals and warehouses owned or operated by your company in Canada, the United States and Mexico. If you have 1-25 terminals and warehouses, you may provide this information by attaching a list on paper (sample and format below). If you have more than 25 terminals and warehouses you must provide this information electronically using diskette, magnetic tape, or CD-ROM. Please see Appendix A for the required file format.  N/A

**Sample format for 1 to 25 terminals and warehouses.**

Name of terminal or warehouse

Address of terminal or warehouse

City	Province or state	Country	Postal or zip code
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17c. Please indicate in which media type you have submitted the above information.  
 paper  diskette  magnetic tape  CD-ROM  electronic  N/A

18a. Does your company have any internal policies in place to minimize the risk of criminal activities (e.g. hiring policies and reporting procedures for suspicious or criminal activities)?  No  Yes

18b. If you do have internal policies in place, you may be asked to provide a description. If you are asked, include copies of standard operating procedures or internal booklets if they are available. Include the effective date of all your documents and policies.

19. Describe your security measures for your freight facilities and for all personnel who have access to freight (e.g. shipping and receiving).

**Section B – Company Division**

1a. Does your company have any divisions (separate legal entities)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
1b. Is your company a division (separate legal entity) of a parent company?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
1c. Have any related divisions made application to the CSA program?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

If yes to any of the above, please answer the following questions.

2. Identify all of your Canadian and U.S divisions. If you need more space please copy this page and attach copies to this application.				<input type="checkbox"/> N/A	
Business number (BN) and RM account identifier		<input type="checkbox"/> N/A	Legal business name		<input type="checkbox"/> N/A
Canadian carrier code		<input type="checkbox"/> N/A	Trade, operating, or partnership name(s)		
Business type <input type="checkbox"/> carrier <input type="checkbox"/> other (specify)  _____					
Business address					
City		Province or state		Country	Postal or zip code
Website					<input type="checkbox"/> N/A
3a. For each division, please indicate the number of years that this division of the applicant company has transported goods into Canada.					_____ <input type="checkbox"/> N/A
3b. For each division, please indicate the total number of terminals and warehouses owned or operated.					_____ <input type="checkbox"/> N/A
3c. For each division, please provide the name and address of all terminals and warehouses owned or operated. If you have 1-25 terminals and warehouses, may provide this information by attaching a list on paper (sample and format below). If you have more than 25 terminals and warehouses you must provide this information electronically using diskette, magnetic tape, or CD-ROM. Please see Appendix A for the required file format.					
<b>Sample format for 1 to 25 terminals and warehouses.</b>					
Name of terminal or warehouse					
Address of terminal or warehouse					
City		Province or state		Country	Postal or zip code
3d. Please indicate in which media type you have submitted the above information. <input type="checkbox"/> paper <input type="checkbox"/> diskette <input type="checkbox"/> magnetic tape <input type="checkbox"/> CD-ROM <input type="checkbox"/> electronic <input type="checkbox"/> N/A					

**Section C – Drivers and Owner-operators (Highway only)**

1. Do you employ company drivers?				<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Do you use drivers from an external source? If yes, please give the name, address, and phone number of the agency(ies) used.				<input type="checkbox"/> No	<input type="checkbox"/> Yes
Business (legal) name					
Business address					
City		Province or state		Country	Postal or zip code
3. Do you have international border-crossing training procedures for drivers? (We may ask for a copy of these training procedures.)				<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Do you contract owner-operators? (Owner-operators include individual drivers who own their equipment and owners of multiple pieces of equipment (fleet operators) who dedicate equipment to the CSA applicant carrier by written contractual agreement.)				<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Identify the number of owner-operators you intend to use to transport CSA goods into Canada.					_____

## Section D – Certification

As an authorized officer of the applicant company, I certify that the information given on this form and any document attached is, to the best of my knowledge, true, accurate, and complete.

\_\_\_\_\_

Authorized person's name

\_\_\_\_\_

Signature

\_\_\_\_\_

Title or office

\_\_\_\_\_

Date (YYYY/MM/DD)

There are a total of \_\_\_\_\_ pages in this application.

**Completing this application form does not constitute approval to act as a CSA carrier. Only after you have successfully completed all parts of the application process will you be considered an approved CSA carrier.**

**Do not make any CSA-specific investments to your business systems until you have received written notification from the CBSA advising you that your Part I application has been approved.**

Please forward the completed application to the CSA application office listed below.

**CSA Application Office**

Canada Border Services Agency  
Manager, CSA/FAST Carrier Compliance Unit  
55 Bay Street North, 6th Floor  
Hamilton, ON  
L8R 3P7

## Appendix A Sending your electronic lists to CBSA

As part of the Customs Self Assessment (CSA) application and approval process, carriers must submit an inventory of their trade chain partners to the Canada Border Services Agency (CBSA). A list of terminals and warehouses owned and/or operated by the applicant carrier must accompany the Part I CSA application.

The following outlines the medium on which the list of **terminals and warehouses** must be submitted:

Number of Terminals and Warehouses	Medium to be Used
Less than 25	Include in writing on Part I application
Between 25 and 1000	Diskette or CD ROM
Between 1001 and 6000	CD ROM
More than 6000	Magnetic Tape

The following outlines the medium on which the list of **owner-operators** must be submitted:

Number of Owner-Operators	Medium to be Used
Less than 25	Include in writing during Part II
Between 25 and 1000	Diskette or CD ROM
Between 1001 and 6000	CD ROM
More than 6000	Magnetic Tape

**The following instructions are for carriers who have more than 25 terminals and warehouses, and/or more than 25 owner-operators to submit to the CBSA.**

### Media Specifications

**It is important that the media submitted conform to the media specifications outlined below.** Submissions that do not conform to the specifications and cannot be uploaded to CBSA systems will be returned to the applicant carrier. This will lead to delays in the application and approval process.

**If a diskette is being submitted,** please indicate in writing on the diskette the name of your company, whether there are terminals and warehouses or owner-operators saved on the diskette, and the name of the file.

**If a CD-ROM is being submitted,** please indicate in writing on the CD-ROM the name of your company, whether there are terminals and warehouses or owner-operators on the CD-ROM, and the name of the file.

Also, the CD ROM must:

- Be Compact Disc Recordable, CD-R (write-once);
- Have a disc density of either 640 MB or 700 MB; and,
- Be properly closed.

**If a magnetic tape is being submitted,** please indicate in writing on the magnetic tape or an attachment the following:

- Name of your company;
- Whether there are terminals and warehouses, or owner-operators on the magnetic tape;
- The name of the file;
- Whether the tape is round or square;
- If applicable, whether the tape is 18 or 36 tracks; and,
- The tape number of the magnetic tape.

Also, the magnetic tape must:

- Be standard label (SL);
- Be round (3420) or square (3480/3490); and,
- Have a tape density of 6520 bpi, or 18 or 36 tracks.

**Note :** One file with multi-volume tapes with only one header and one trailer can be copied, up to a maximum of 8 volumes.