

**RELEASE AND B3 DECLARATION**  
**ELECTRONIC DATA INTERCHANGE (EDI)**  
**APPLICATION FORM**

**Section I - Applicant Information**

**For which system are you applying (check all that apply)**

CADEX B3 Declaration (CBSA proprietary)	<input type="checkbox"/>	ACROSS electronic release (CBSA proprietary)	<input type="checkbox"/>
CUSDEC B3 Declaration (EDIFACT)	<input type="checkbox"/>	ACROSS electronic release (EDIFACT)	<input type="checkbox"/>
CADIFACT B3 Declaration (EDIFACT CADEX Wrapped)	<input type="checkbox"/>	ACROSS electronic release (CADEX Wrapped)	<input type="checkbox"/>

Please note that for Daily Notices (DN) and Statement of Account (SoA), you must complete a separate application form. You will find the DN & SoA application form at <https://www.cbsa-asfc.gc.ca/prog/arl-glcc/menu-eng.html>.

**Note: Clients must be CADEX or CUSDEC participants in production to apply for ACROSS**

**Company Profile:**

Date of application	
Name of applicant (company)	
CBSA-issued Account Security number	
Registration Number (BN)	
Address	
City, Province/State, Country, Postal/zip code	
Contact person and Title	
Telephone Number	
e-mail	
FAX Number	
Afterhours Contact Person and Title	
Afterhours Contact Telephone Number	
Afterhours Contact e-mail	

\_\_\_\_\_  
 Company Official's Name (printed)

\_\_\_\_\_  
 Company Official's Signature

**SECTION II - COMMUNICATION METHOD INFORMATION**

For more information on the approved communication methods, please consult the following link:  
[www.cbsa-asfc.gc.ca/eservices/comm-eng.html](http://www.cbsa-asfc.gc.ca/eservices/comm-eng.html)

<b>If your company will be using a service provider to exchange data with the CBSA, please complete this block</b>	
Name of service provider (if applicable)	
Method of communication	<input type="checkbox"/> Customs Internet Gateway <input type="checkbox"/> Direct connect name: _____ <input type="checkbox"/> Value Added Network name: _____
Contact person	
Telephone	
FAX	
e-mail	

<b>If your company will be exchanging data directly with the CBSA, please complete this block</b>	
Method of communication	<input type="checkbox"/> Customs Internet Gateway <input type="checkbox"/> Direct connect name: _____ <input type="checkbox"/> Value Added Network name: _____

**SECTION III - CONFIGURATION**

Certificate number in production (if transmitting through Customs Internet Gateway)	
Certificate number in test (if client is testing and transmitting through Customs Internet Gateway)	
Sender identification (client defined, or transmission site if desired [U99999V1])	
Mailbox ID, if applicable	
In which official language do you wish to receive your output transmissions?	English _____ French _____
Requested implementation date	

**SECTION IV - B3 DECLARATION PROFILE INFORMATION**

Password in test (<= 8 characters)		
Password in production (<= 8 characters)		
Central accounting office (CBSA office code number)		
Office(s) of release which you will be including in your B3 entry transmissions*	All _____ Specific list _____ (attach separately)	
Which file updates would you like to receive to support your preparation of accounting documents?	Tariff Classification _____ Tariff Code _____ Exchange Rate _____	Excise Tax _____ GST _____ All _____

\* Should you wish to release at more than one office, you must have the proper level of security posted with the Agency.

<b>Completed forms can be sent :</b>		
<b>by FAX:</b> (343) 291-5482	<b>by mail:</b> Manager, Technical Commercial Client Unit Program Business System Integration Canada Border Services Agency 355 North River Road, 6 <sup>th</sup> Floor, Tower B Ottawa, Ontario K1A 0L8	<b>via e-mail:</b> tccu-ustcc@cbsa-asfc.gc.ca