



# RELEASE NOTIFICATION SYSTEM (RNS) APPLICATION FORM

## Section I - Applicant Information

Company Profile - select type of business:

*Select*

Customs Broker		Warehouse Operator	
Importer		Carrier	
Freight Forwarder		Other:	

Date of application	<i>Fill in</i>
Name of applicant (company)	<i>..</i>
Company address City, province/state, country Postal/zip code	<i>..</i>
Contact person and Title	<i>..</i>
Telephone Number	<i>..</i>
e-mail	<i>..</i>
Afterhours Contact Person and Title	<i>..</i>
Afterhours Contact Telephone Number	<i>..</i>
Afterhours Contact E-mail	<i>..</i>
In which language would you like to be assisted	English <input checked="" type="checkbox"/> French <input type="checkbox"/>

*X*

Company Official's Name (printed)

*X*

Company Official's Signature

*See next PAGE*



**Section II - RNS Options**

In the box below, indicate the option (s) for which you are applying, that is; Automatic Release Notification, Arrival Certification, Status Query or Automatic Status.

For Automatic Release Notification, up to two profiles can be defined;

- one for combinations of "all" codes,
  - and one for a specific set of codes.
- A. Indicate if "all" or only "specific" carrier codes are required in combination with an account security code. (Normally carriers provide their carrier code and account security holders indicate "all").
  - B. Indicate if "all" or only "specific" account security numbers are required in combination with the carrier codes requested. (Normally carriers indicate "all" and account security holders provide their account security code).
  - C. Customs office codes required. If not required for "all" offices, provide the "specific" office codes.
  - D. Sub-Location codes; identify required Warehouse Ids. The participant will only receive the sub-location code if it is supplied with the inbound EDI release transaction or paper release transaction.

Check (one or more)	Option	Carrier Code	Account Security Number	Office Number	Sub-Location Code
X	Automatic RNS Profile # 1	ALL	<input type="checkbox"/>	ALL	ALL
	Automatic RNS Profile # 2 (optional)				
	Arrival Certification				
X	Status Query	ALL	<input type="checkbox"/>	ALL	ALL
X	Automatic Status	ALL	<input type="checkbox"/>	ALL	ALL

*\*If more space is required to list specific carrier codes, account security numbers and/or office codes; please provide an attached list and indicate the relevant option.*

See next page



**SECTION III - 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)

**If your company will be using a service provider to exchange data with the CBSA, please complete this block**

Name of service provider (if applicable)	CANADA GLOBAL
Method of communication	<input type="checkbox"/> Customs Internet Gateway <input checked="" type="checkbox"/> Direct connect name: _____ <input type="checkbox"/> Value Added Network name: _____
Contact person	SUPPORT
Telephone	416-493-9020 x 2
e-mail	SUPPORT@CANADA.COM

**If your company will be exchanging data directly with the CBSA, please complete this block**

Method of communication	<input type="checkbox"/> Customs Internet Gateway <input checked="" type="checkbox"/> Direct connect name: _____ <input type="checkbox"/> Value Added Network name: _____
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**SECTION IV - 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 application sender ID as per the UNG segment)	U70843W2
Mailbox ID (Partner ID, the UNB segment)	BROKER ASEC #
Which map version will you be using?	96A <input checked="" type="checkbox"/> 99B <input type="checkbox"/>
Requested implementation date	[ ] Fall Date

Completed forms can be sent :	
by mail: 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	via e-mail: tccu-ustcc@cbsa-asfc.gc.ca