

Signature:

Certified Export Specialist (CES) Certification Program Grandfathering Application Form Please check the requirements for grandfathering into the CES program before filling out.

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Applications & Documents should be saved and sent to education@ncbfaa.org. If approved, you will be contacted for set up on the one-time only comprehensive exam.

STUDENT INFORMATION

First Name:	Middle Name:			Last Name:	
Are you a member of NCBFA	A? Yes	No	Email:		
Street Address:					Suite/Apt#:
City:	State:	If Othe	r, specify:		ZIP Code:
Employer:		Pl	none No.:		Country:
PROFESSIONAL INFORMATION					
Do you have a minimum of one year of experience in the export business? Yes No					
If yes, please submit the following supporting documents along with this application: Employment Letter describing your responsibilities and years of experience in the export business.					
Resume/Curriculum Vitae or brief listing of positions responsibilities, and duration pertaining to export. If no, please contact nei@ncbfaa.org to confirm eligibility.					
U.S. EXPORT EXPERIENCE HISTORY					
Position:	Compa	Company:		Start Date:	End Date:
Position:	Company:			Start Date:	End Date:
Position:	Company:			Start Date:	End Date:
Total Years of Import Experience: High Position Held:					
Highest Level of Education Completed:					
AGREEMENT					
The above information is complete NCBFAA Educational Insti- plete or false information may be	tute to verify	my credent	ials and profess		

Date: