



Master Customs Specialist (MCS) Certification Program Application Form

The MCS Course is year-round. Application may be submitted at your convenience.

Please submit this form prior to registering online or submitting course payment.

Applications should be saved and sent to enrollment@ncbfaa.org.

STUDENT INFORMATION

First Name: Middle Name: Last Name:

Are you a member of NCBFAA? Yes No Email:

Street Address: Suite/Apt#:

City: State: If Other, specify: ZIP Code:

Employer: Phone No.: Country:

U.S. IMPORT/CUSTOMS EXPERIENCE HISTORY

Position: Company: Start Date: End Date:

Position: Company: Start Date: End Date:

Position: Company: Start Date: End Date:

Years of Experience: Highest Position Held:

Highest Level of Education Completed:

WAIVER

The NEI strongly recommends that a student meets the prerequisites posted for this course. This course may be too difficult for anyone who does not have enough industry or educational experience. By submitting this application and payment for the course, I confirm that I either: (i) meet the posted prerequisites for admission, or (ii) understand this recommendation and acknowledge that the NEI shall not be held responsible in the event this course is too difficult or does not meet my educational needs.

Signature: Date:

AGREEMENT

The above information is complete and accurate. I meet all eligibility requirements for the MCS course and I authorize the NCBFAA Educational Institute to verify my credentials and professional background.

I understand that incomplete or false information may be cause for denial of this application.

Signature: Date: