

Signature:

Certified Export Specialist (CES) Certification Program Application Form

The CES 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 Othe	r, specify:		ZIP Code:
Employer:	Phone 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 enrollment@ncbfaa.org to confirm eligibility.					
			ERIENCE HI		
Position:	Compa	Company:		art Date:	End Date:
Position:	Company:		Sta	art Date:	End Date:
Position:	Company:			art Date:	End Date:
Total Years of Import Experience: High Position Held:					
Highest Level of Education Completed:					
AGREEMENT					
The above information is comple the NCBFAA Educational Instit plete or false information may b	ute to verify	my credenti	als and profession	•	

Date: