



## Certified Customs Specialist (CCS) Certification Program Application Form

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

*Applications should be saved and sent to [education@ncbfaa.org](mailto:education@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:**

### WAIVER

*The NEI strongly recommends that a student have at least one (1) year of industry experience prior to taking this course. This course may be too difficult for anyone who does not have enough industry experience. By submitting payment for the course, I confirm that I either: (i) have one (1) year of industry experience; or (ii) understand this recommendation and acknowledge that the NEI shall not provide a refund to me in the event this course is too difficult or does not meet my educational needs.*

**Signature:**

**Date:**