

Certified Customs Clearing Agent Scholarship Application

Application	n submitted for (choose one):	
First Sem	ester (January 2021 ~ Apri	il 2021)	
Second Se	emester (June 2021 ~ Aug		
	Licer	nsed Clearing Agency Information	
Licensed Agency N	-		
Business Full Name			
	Last	First	
Business Address:			
	Street Address		Apartment/Unit #



City		Province		
Phone:	Eı	nail:		
What year does the C	Clearing Agent Lic	cense expire?		
Please choose one:	2021	2022	2023	
Number of full-time	employees at Lice	ensed Clearing A	Agency:	
To which registered (Clearing Agent A	ssociation does	the Licensed Clear	ring Agency belong?
Please choose one:	CCFFAAZ	SFFAZ	ZAFFA	ZCFAA
How many years has	the Licensed Cle	aring Agency be	een licensed?	
	Indi	vidual Nomine	e Information	
Full Name:				
 Last		First		



Address:					
	Street Address				Apartment/Unit #
	City			Province	
Phone:	Email:				
Gender:		MALE	FEMALE		
Registere	d Employee of LCA?	YES	NO		
Record clear of Customs related offenses?		YES	NO		
Achieved full grade 12 certificate or equivalent?		YES	NO		
Registere course?	d for NIPA CCCA Accreditation	YES	NO		
If no, whi	ich semester do you intend to or?	Sem. #1	Sem. #2		



Position or title:						
How many years have you been working in the industry?						
"I hereby certify that all information presented in this application is true a my knowledge."	and accurate to the best of					
Licensed Clearing Agency Business Owner Signature:						
Date:						
Licensed Clearing Agency Business Owner Printed name:						
Nominated Individual Signature:	Date:					
Licensed Clearing Agency Printed name:						

Please attach nominated individual's CV or resume along with this application.