



## Cargo Network Services Corp. - Branch Office Application

**THIS FORM MUST BE SIGNED BY AN OFFICER OF THE COMPANY OF THE ENDORSED AGENT.**

<b>Endorsed Agent Name</b>		<b>CNS/IATA Number</b>	
<b>Branch Office Name</b>		<b>CNS/IATA Number</b>	
	<b>(The branch office name must be identical to that of the endorsed agent)</b>		<b>Branch Office Indicator</b>
<b>Branch Office Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Telephone</b>	<b>FAX</b>	<b>E-Mail Address</b>	

<b>Is the Branch Office owned by the Endorsed Agent?</b>	YES	NO	<b>Qualifying Experience - Indicate Number of Years</b>									
<b>Branch Office Personnel</b>			<b>DGR*</b>	<b>Sales</b>	<b>AWB Issuance</b>	<b>Labeling</b>	<b>Routing</b>	<b>Licensing</b>	<b>Consular</b>	<b>Ranking</b>	<b>Customs</b>	<b>Other Experience (Optional)</b>
<b>Name</b>												
<b>Title</b>												
<b>Name</b>												
<b>Title</b>												

**\*Dangerous Goods Certification** - In order for CNS to qualify a location as a branch office of an endorsed agent at least one active employee at the location must be certified to handle dangerous goods. A copy of the most recent certification of dangerous goods training must be provided with this Branch Office Application. Recurrent training is required by the DOT at least once every three years, the certification that is provided to CNS Corp. must satisfy this requirement.

*I understand that by signing this agreement the endorsed agent as identified by the above listed CNS/IATA No. has authorized the addition of a branch office located at the address shown above. Responsibilities for payment of International Air waybills other financial and operational compliance's according to the CNS Cargo Agency Agreement and any governmental regulations (DOT, FAA) regarding the handling of International Air Cargo remain the responsibility of the principle office of the endorsed agent.*

*I certify that the preceding statements are true and correct to the best of my knowledge and belief and that I am authorized by the firm identified in the foregoing to make these statements and to file this application.*

<b>Print Name of Signatory</b>	<b>Signature of Officer of the Corporate Office</b>	<b>Title</b>	<b>City</b>	<b>Date</b>
<b>Mail this form together with a \$75.00 check made payable to</b>		<b>Cargo Network Services Corp.</b>	<b>Telephone</b>	<b>(786) 413-1002</b>
		<b>703 Waterford Way, Suite 680</b>	<b>FAX</b>	<b>(786) 413-1005</b>
		<b>Miami, Fl 33126</b>	<b>E-Mail</b>	<a href="mailto:accreditation@cnscc.us">accreditation@cnscc.us</a>