



# Cargo Network Services Corp. – Branch Office Application

**THIS FORM MUST BE SIGNED BY AN OFFICER OF THE COMPANY OF THE ENDORSED AGENT AND AUTHORIZED INTERMEDIARY**

Endorse agent and authorized intermediary name		CNS/IATA Code	
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Branch Office Name			
<b>The branch office name must be identical to that of the endorsed agent and authorized intermediary</b>			

Branch office Street Address		City		State		Zip	
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Telephone		Contact Name		email	
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Is the Branch Office owned by the endorsed agent and authorized intermediary	Yes	No	<b>Qualifying Experience – Indicate Number of Years</b>								
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<b>Branch Office Personnel</b>		DGR*	Sales	AWB Issuance	Labeling	Routing	Licensing	Consular	Banking	Customs	Other Experience (Optional)
Name											
Title											
Name											
Title											

**\*Dangerous Goods Certification** – In order for CNS to qualify a location as a branch office of an endorsed agent and authorized intermediary at least one active employee at the location must be certified to handle dangerous goods A. Copy of a valid certification of dangerous goods training must be provided with this branch office application. Training needs to be 49CFR, IATA DG regulations and ICAO Technical Instructions. The certification provided to CNS corp. must satisfy this requirement.

I understand that by signing this agreement the endorsed agent and authorized intermediary 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 to the CNS Cargo agency and authorized intermediary agreement and any governmental regulations (DOT,FAA) regarding the handling of International Air Cargo remains the responsibility of the principle office of the endorsed agent and authorized intermediary.

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

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Print Name of Signatory	Signature Of officer of the Corporate Office	Title	City	Date
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Sent this form using the CNS customer service portal <https://portal.cnsc.net/cns>