



**Belize Customs and Excise Department
Application Form for the Trusted Trader Program (TTP)**

Part I General Information

1.	Type of Application <i>(Please put an "X" in the appropriate box)</i>
	<input type="checkbox"/> New Application <input type="checkbox"/> Re-Application

Part II Company's Information

2.	Name	
3.	Type of Business <i>(Please put an "X" in the appropriate box(es))</i>	
	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Exporter
	<input type="checkbox"/> Freight Forwarder	<input type="checkbox"/> Express Courier
	<input type="checkbox"/> Importer	<input type="checkbox"/> Carrier
	<input type="checkbox"/> Warehouse Operator	<input type="checkbox"/> Others _____ <i>(please specify)</i>
4.	Company's Registration Number	
5.	Tax Identification Number	
6.	Registered Business Address	
	Office (s)	
	Warehouse (s)	
	Manufacturing Plant (s) <i>(if applicable)</i>	
7.	Mailing Address <i>(if different from the business address)</i>	
8.	Website Address	
9.	Contact Person <i>(for this application)</i>	
	Name	
	Designation	
	Phone number	
	Fax number	
	Email address	
10.	Company's Authorized Customs Broker (s) and Clerk (s)	
	Name	
	Declarant Number	
	Phone number	
	Fax number	
	Email address	

Part III Declaration

I hereby declare that all the information given in this application and in all documents submitted herewith is true and accurate.

By tendering this application form for joining the Belize Customs and Excise Department’s (BCED) Trusted Trader Program (TTP), I acknowledge my understanding and acceptance of the following terms and conditions:

- 1) *To provide in this application the following documents:*
 - a. *the completed application form,*
 - b. *self-assessment questionnaire, and*
 - c. *supporting documents as may be requested by the BCED;*
- 2) *To inform the BCED immediately of any change in the particulars declared on this application form and in all submitted documents any time before the starting of or during the documentary check(s) / on-site validation(s);*
- 3) *To offer adequate and reasonable assistance to BCED on documentary check(s) / on-site validation(s) at my company’s operating premises; and*

I understand and agree that all information I submit in relation to this application will be verified by the BCED as required.

.....
Authorized Signature *

.....
Position in Company

.....
Full Name of Signatory

.....
Date and Company Stamp

** Except for sole proprietorship or partnership, the person who signs this application shall have a written authorization from a director (s) of the company to make this application and act for and on behalf of the company in all matters pertaining to the TTP.*

Note: Incomplete or inaccurate information provided in the form may affect our consideration and processing of the application, and may result in the application being deferred or rejected.

Part IV FOR OFFICIAL USE

Approval Status:	<input type="checkbox"/> Approved	Name of Designated Officer:
	<input type="checkbox"/> Deferred	
	<input type="checkbox"/> Rejected	
Remarks :		Signature & Date :

Part V Enquiries

Enquiries concerning the Trusted Trader Program or data entered on this form, including the request for access to and updating of such data, should be addressed to:

The Chairperson
Trusted Trader Task Force

CLIENT ASSISTANCE

The Trusted Trader Task Force (TTTF)

Belize Customs & Excise Department

P.O. Box 146, Port Loyola, Belize City

Belize

Email: cusnet@btl.net

Telephone: (501) 223-7092

Fax: (501) 223-7091

Website: www.customs.gov.bz