

FIATA

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APPLICATION FORM FOR THE FIATA DIPLOMA IN FREIGHT FORWARDING

Please complete this application by computer or in block letters

Personal information to be completed by the applicant
(will be treated strictly confidential)

Title:	Mr	Mrs	Ms
Family Name:			
Forename(s):			
Date of birth:	Day	Month	Year

Private Address

Street:	
Town and Postal Code:	
Country:	

Business Address

Company Name:			
Street:			
Town and ZIP Code:			
Country:			
Phone:		Fax:	
E-mail:		Website:	

Please indicate your name as it should appear on the Diploma

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Freight Forwarders Education to be completed by the applicant

A - Method of study

Home study course	from	to
Class room course	from	to

B - Professional knowledge

Practical: on-the-job-training	from	to
Theoretical: College study	from	to
Name and town of college		

Employment record

Dates (from - to)	Company name, Town, Country	Position

Qualifications obtained

Date	Type of qualification	awarded by

Declaration by the applicant

I hereby certify that the details in this application are correct

Date

Signature

Examination details to be completed by FIATA National Association

Name of FIATA National Association	
Manual used for training purposes released by	
Date of approval by FIATA	

Qualifications obtained at examination

*Please check the appropriate column the level attained
Insert N/A if not applicable in your country (**)*

Qualifications	very good module scores >80%	good module score 66% to 80%	fair module score 50% to 65%
General knowledge of the industry			
Sea Transport			
- Sea Container			
Air Transport			
Road Transport			
Rail Transport **			
Inland Waterways Transport **			
Customs Procedures			
Warehousing / Storage / Distribution			
Liability Insurance			
Transport Insurance			

Declaration by examination of National Association

This is to confirm that this applicant has successfully completed the requirement to obtain the FIATA DIPLOMA IN FREIGHT FORWARDING as per qualification details given above

Date

Stamp and Signature
