



# CIFFA YOUNG FREIGHT FORWARDER OF THE YEAR AWARD

## APPLICATION FORM

Type your replies in the spaces provided, or select your replies from the drop-down lists (as applicable) for each question. Please answer every question.

### PERSONAL INFORMATION *Type your reply or mark the checkbox.*

Application Year: \_\_\_\_\_

Type in your name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residence status: 

Reside / Work in Canada		Reside / Work Outside Canada	
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### WORK INFORMATION *Type your reply or mark the checkbox.*

	CIFFA Regular Member company	CIFFA Associate Member company	Not affiliated with CIFFA	Unsure
Select your company affiliation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type in your company name: \_\_\_\_\_

Type in your job title: \_\_\_\_\_

Freight Forwarding experience (years): \_\_\_\_\_

Type in your job responsibilities/duties: \_\_\_\_\_

### INDUSTRY EDUCATION: *Type your reply or mark the checkbox.*

	Successfully completed	Not completed / not taken	In progress	
Select CIFFA Certificate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Select CIFFA Advanced Certificate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

  

	Successfully completed qualification current	Successfully completed qualification expired	In progress	Not completed / not taken
Select Air Dangerous Goods:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select Ocean Dangerous Goods:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type Other Industry Education: \_\_\_\_\_

Type Other Industry Education: \_\_\_\_\_

**POST-SECONDARY EDUCATION (Non-CIFFA)** *Type your reply or mark the checkbox.*

	University	College	Institute/Other	None
Select type of school attended:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select level of program:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type in the program name completed:	_____			
	University	College	Institute/Other	None
Select type of school attended:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select level of program:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type in the program name completed:	_____			

**VOLUNTEER WORK** *Type your reply.*

Type in the organization and job: \_\_\_\_\_  
Type in the organization and job: \_\_\_\_\_

**AWARDS** *Type your reply.*

Type in company or education awards: \_\_\_\_\_  
Type in company or education awards: \_\_\_\_\_

**TELL US ABOUT YOURSELF:** *Type your reply.*

**DECLARATION**

*I declare the above information is accurate, correct, and true, and that I provide it in good faith.* Yes  No

*Date:* \_\_\_\_\_