



# PFF Initial Application Form

## Instructions for Completion of the Initial Application Form

1. Employee and Employer must complete all required information on the Initial Application Form.
2. Applicant must sign and date the Declaration at the bottom of page 4.
3. Submit all the above to [membership@ciffa.com](mailto:membership@ciffa.com)
4. Should you have any questions, please contact CIFFA directly:
  - Phone: 416-234-5100 Ext. 5223, Marketing and Membership Coordinator
  - E-Mail: [membership@ciffa.com](mailto:membership@ciffa.com)
5. Your PFF application will be reviewed by the CIFFA National Board of Directors.

## PFF Requirements

To be granted the PFF Designation, the applicant must meet the following requirements:

### **Employment**

- Must be nominated by an employer
  - Include proof of employment
  - Proof of residence
- Must have a minimum of 5 years Canadian Multimodal experience.
- Two industry related references

### **Education**

- CIFFA Certificate and Advanced Certificate Programs
- CIFFA/Schulich Management Curriculum (or courses of equivalent merit, see equivalent document for details).
- CIFFA Standard Trading Conditions Workshop
- Business Ethics for the Logistics Professional

### **Participation**

- One CIFFA sanctioned education event per year

### **Payment**

- If employed by a CIFFA Member the PFF designation is free of charge
- If employed by a Non-Member the PFF designation is \$95+tax (please fill out the below credit card form or send a cheque payable to the Canadian International Freight Forwarders Association).



# PFF Initial Application Form

## Applicant Personal Information

Name:	_____		
Address:	_____		
City/Province:	_____		
Postal Code:	_____		
Phone and Fax:	Phone: (     ) _____	Fax: (     ) _____	
E-mail:	_____		
Date of Birth:	Year _____	Month _____	Day _____

## Applicant Business Information

CIFFA MEMBER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Position/Title:	_____	
Company:	_____	
Address:	_____	
City/Province:	_____	
Postal Code	_____	
Phone and Fax:	Phone: (     ) _____	Fax: (     ) _____
E-Mail:	_____	



# PFF Initial Application Form

## Employer Business Information

Name: _____		
Position/Title: _____		
Company: _____		
Address: _____		
City/Province: _____		
Postal Code _____		
Phone and Fax:	Phone: (     )	Fax: (     )
E-Mail: _____		

## Employer Nomination

I \_\_\_\_\_ nominate and support the applicant's application for the  
CIFFA PFF designation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Requirements

1.	Have you worked a minimum of 5 (Five) years in International Freight Forwarding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Are the last five (5) years of your experience in Canadian Operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Do you have Multimodal experience	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Completed CIFFA Certificate Date Completed: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Complete CIFFA Advanced Certificate Date Completed: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Completed CIFFA Management Curriculum Date Completed: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Completed CIFFA Standard Trading Conditions Workshop Date Complete: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Completed Business Ethics for the Logistics Professional Date Complete: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Have you enclosed two (2) CURRENT Letters of Recommendation from any of the following: senior management at your current employer, senior management at a former employer or an industry-related company or client?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Have you enclosed proof of employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Do you agree to abide by the CIFFA Code of Ethics?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Do you consent to have your name listed in CIFFAs print directory?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Do you consent to have your name appear on the CIFFA web-site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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## CIFFA PFF's Code of Ethics

Every CIFFA PFF pledges to abide by this professional code of conduct which states:

- The CIFFA PFF must discharge his duties with honesty and integrity
- The CIFFA PFF pledges a standard of competence to his client, to perform in a conscientious, diligent and efficient manner, services undertaken on the client's behalf.
- The CIFFA PFF pledges to hold in strict confidence, all information acquired in the course of the relationship concerning the business and the affairs of his client behalf
- The CIFFA PFF pledges to hold in strict confidence, all information acquired in the course of the relationship concerning the business and the affairs of his client. No such information is to be divulged unless authorized by the client, or required by law.
- The CIFFA PFF agrees to observe all relevant laws of Canada regarding the movement of goods entrusted to him.
- The CIFFA PFF owes a duty to his client, not to withdraw his services, except for good cause, and upon appropriate notice.

## Declaration

I understand and agree that I must renew my PFF designation by January 1<sup>st</sup> and meet the stated renewal requirements to keep my designation in good standing.

I \_\_\_\_\_ declare that all the above information is offered in good faith, and is true and accurate. I realize that if it is found that any of the above information is untrue or inaccurate; my Professional Freight Forwarder designation may be revoked.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### CANADIAN ANTI-SPAM LEGISLATION CONSENT

By completing this application and upon approval, the applicant agrees to receive emails and other forms of electronic communications from CIFFA which may include information such as: events, announcements, training information, and other messages related to the day to day business of membership with CIFFA. Please visit the CIFFA website to review our [Legal](#) and [Privacy](#) policies.



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## Payment Information for Non-Member

Make cheque for CAD \$95 + Applicable Taxes payable to CIFFA

Credit Card: Visa  MasterCard  AMEX

Card Number: \_\_\_\_\_

CID Number \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Alberta	5%
British Columbia	5%
Manitoba	5%
New Brunswick	15%
Newfoundland and Labrador	15%
Northwest Territories	5%
Nova Scotia	15%
Nunavut	5%
Ontario	13%
Prince Edward Island	15%
Quebec (QST + HST)	14.975%
Saskatchewan	5%
Yukon	5%