



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	<input type="checkbox"/>	Reside / Work Outside Canada	<input type="checkbox"/>
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WORK INFORMATION: Type your reply or mark the checkbox.

Select your company affiliation:

CIFFA Regular Member company	CIFFA Associate Member company	Not affiliated with CIFFA	Unsure
<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.

Select CIFFA Certificate:

Successfully completed	Not completed / not taken	In progress
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Select CIFFA Advanced Certificate:

Successfully completed	Not completed / not taken
<input type="checkbox"/>	<input type="checkbox"/>

Select Air Dangerous Goods:

Successfully completed qualification current	Successfully completed qualification expired	In progress	Not completed / not taken
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Select Ocean Dangerous Goods:

Successfully completed qualification current	Successfully completed qualification expired	In progress	Not completed / not taken
<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:	_____			
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: _____