



# *IBCA International Business Credential Association*

## Partnership Application Form

Thank you for your interest in joining IBCA. This application form is for prospective Partners (professional service providers). Please complete all applicable sections and submit with the required supporting documentation.

IBCA sets voluntary industry standards for IOR (Importer of Record) compliance capability. Our partner ecosystem includes licensed professional service providers who share a commitment to compliance excellence.

### IMPORTANT DISCLAIMER- Before You Begin

IBCA is not a customs broker, law firm, accounting firm, or professional advisory institution. Partnership does not constitute an endorsement of your products, services, or compliance status. All compliance responsibility remains with the importer and their licensed professionals. Review of this application typically takes 15-30 business days.

### Section 1 - Application Type (Partnership)

#### B. Partnership Application

For professional service providers joining the IBCA compliance ecosystem.

- Compliance Service Partner - Licensed Customs Brokers, CPAs, Trade Attorneys
- Logistics & Warehouse Partner - 3PLs, Freight Forwarders, Fulfillment Providers
- Financial & Insurance Partner - Trade Finance Banks, Cargo Insurers
- Technology Partner - GTM, ERP, TMS, WMS Providers

### Section 2 - Organization Information (Required for all applicants)

#### 2.1 Legal Entity Details

Legal Entity Name: \_\_\_\_\_

DBA / Trade Name (if different): \_\_\_\_\_

Country of Incorporation: \_\_\_\_\_

State of Incorporation (if U.S.): \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

Entity Type:  Corporation  LLC  Partnership  Sole Proprietor  Other \_\_\_\_\_

EIN / Tax ID Number: \_\_\_\_\_

DUNS Number (if available): \_\_\_\_\_

SAM.gov Registration (if applicable):  Yes  No  In Progress



CAGE Code (if applicable): \_\_\_\_\_

## 2.2 Principal Office Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State / Province: \_\_\_\_\_

ZIP / Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

## 2.3 U.S. Operational Presence (if headquartered outside U.S.)

U.S. Registered Agent Name: \_\_\_\_\_

U.S. Registered Agent Address: \_\_\_\_\_

U.S. Business Address (if different): \_\_\_\_\_

U.S. Phone Number: \_\_\_\_\_

## 2.4 Primary Contact Person

Full Name: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Language:  English  Chinese (Mandarin)  Other \_\_\_\_\_

## 2.5 Secondary / Billing Contact (optional)

Full Name: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Section 3 - Business Profile (Required for all applicants)

### 3.1 Industry Operations

Primary Industry Sector: \_\_\_\_\_

Number of Employees:  1-10  11-50  51-200  201-500  500+

Annual Revenue Range(USD):  <\$1M  \$1M-\$5M  \$5M-\$25M  \$25M-\$100M  \$100M+

Years in Operation: \_\_\_\_\_

Website URL: \_\_\_\_\_

### 3.2 Geographic Scope (Check all that apply)



Primary Markets Served:

- United States (domestic)  Canada  Taiwan  China (Mainland)  
 Southeast Asia  Europe  Latin America  Other \_\_\_\_\_

U.S. States with Active Operations or Economic Nexus: \_\_\_\_\_

3.3 Brief Description of Business Activities (200 words max)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Section 4 - Partner Profile (Partners Only)

4.1 Professional Credentials & Licenses

Partner Category: \_\_\_\_\_

Primary License/Certification Type: \_\_\_\_\_

License / Registration Number: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Additional Certifications (e.g., C-TPAT, ISO, SOC 2): \_\_\_\_\_

4.2 Service Capabilities

Service Description: \_\_\_\_\_

Service Coverage Areas (check all that apply):

- Customs Brokerage / HS Classification  
 Freight Forwarding  
 3PL / Warehousing / Fulfillment  
 Trade Finance / Letters of Credit  
 Cargo Insurance / Trade Insurance  
 CPA / Tax Advisory  
 Legal / Trade Compliance  
 Technology / System Integration  
 Supply Chain Management



Other: \_\_\_\_\_

#### 4.3 Capacity & References

Number of SME Clients Served (est.): \_\_\_\_\_

Average Transaction Volume / Month: \_\_\_\_\_

Geographic Coverage: \_\_\_\_\_

Years of Relevant Experience: \_\_\_\_\_

Reference 1 - Name & Organization: \_\_\_\_\_

Reference 1 - Contact Email / Phone: \_\_\_\_\_

Reference 2 - Name & Organization: \_\_\_\_\_

Reference 2 - Contact Email / Phone: \_\_\_\_\_

#### 4.4 Partnership Objectives (check all that apply):

Access to pre-qualified member pipeline (importers/suppliers)

Standardized data exchange through Control Plane integration

Co-branded compliance programs with IBCA

Participation in Nexus Alliance standard-setting

Industry visibility and thought leadership opportunities

Affinity program / member benefit provider arrangement

Other: \_\_\_\_\_

#### Section 5 - Ownership Integrity Disclosure (Required for all applicants)

##### 5.1 Ultimate Beneficial Ownership (UBO)

List all individuals who directly or indirectly own 25% or more of the applicant entity, or who exercise significant control.

Full Legal Name \_\_\_\_\_ Full Legal Name \_\_\_\_\_

Nationality \_\_\_\_\_ Nationality \_\_\_\_\_

Ownership % \_\_\_\_\_ Ownership % \_\_\_\_\_

Type of Control \_\_\_\_\_ Type of Control \_\_\_\_\_

PEP Status \_\_\_\_\_ PEP Status \_\_\_\_\_

OFAC Clear?  Yes  No

OFAC Clear?  Yes  No



Full Legal Name \_\_\_\_\_

Nationality \_\_\_\_\_

Ownership % \_\_\_\_\_

Type of Control \_\_\_\_\_

PEP Status \_\_\_\_\_

OFAC Clear?  Yes  No

### 5.2 Conflict of Interest Disclosure

Yes  No

If yes, please describe: \_\_\_\_\_

### 5.3 Compliance History

Any customs penalties or seizures in the past 5 years?  Yes  No

Any active or pending government investigations?  Yes  No

Any denied export/import privileges?  Yes  No

## Section 6 - Required Supporting Documentation

### 6.1 All Applicants

Certificate of Incorporation / Formation / Articles of Organization or Bylaws

Attached  To Follow

UBO Statement (CPA-endorsed preferred)  Attached  To Follow

Anti-Fraud Declaration / Controls Statement  Attached  To Follow

Government-issued ID of authorized signer  Attached  To Follow

W-9 (U.S. entities) or W-8BEN-E (foreign entities)  Attached  To Follow

Proof of U.S. business address (if applicable)  Attached  To Follow

### 6.2 Additional - Partners Only

Professional license / certification copy  Attached  To Follow

Proof of insurance (E&O, general liability, cargo)  Attached  To Follow

Company capability statement or service brochure  Attached  To Follow

Technology integration specifications (if Technology Partner)  Attached  To Follow



Client reference letters (recommended, not required)  Attached  To Follow

Section 7 - Declarations, Terms & Signature

7.1 Applicant Declarations

By submitting this application, the undersigned authorized representative declares and acknowledges:

1. All information provided is true, accurate, and complete. Any misrepresentation may result in denial or termination of partnership.
2. IBCA is a nonprofit trade association and not a customs broker, law firm, accounting firm, or professional advisory institution.
3. IBCA partnership does not guarantee customs clearance, tax outcomes, regulatory approval, or specific financial returns.
4. All compliance responsibility remains with my organization and our licensed professionals.
5. I authorize IBCA to conduct a document-based compliance review of submitted materials.
6. AI tools within the IBCA ecosystem operate under the No Commanded Decision principle – AI recommends, humans sign off.
7. I agree to comply with IBCA's Bylaws, Partnership Terms, Code of Conduct, and applicable policies.
8. I consent to the collection and processing of information for partnership evaluation per IBCA's Privacy Policy.

7.2 Anti-Fraud Acknowledgment

I hereby declare that neither my organization, its owners, directors, nor officers are currently subject to debarment, suspension, or denial of export/import privileges by any U.S. government agency, and that our organization is not owned or controlled by any entity on the OFAC SDN list.

7.3 Signature

Printed Name of Authorized Signer: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Organization Name: \_\_\_\_\_

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

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

Submission Instructions

1. Complete all applicable sections of this form.
2. Gather and attach all required supporting documents (Section 6).
3. Sign the declarations in Section 7.
4. Submit to: application@usibca.org
5. IBCA will acknowledge receipt within 7 business days.



6. Document-based compliance review: 15-30 business days.

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Disclaimer

IBCA is a non-profit organization established to promote cross-border trade compliance information exchange, develop voluntary industry standards, and facilitate data structuring and auditability. The Association is not a customs broker, freight forwarder, law firm, accounting firm, insurance company, or professional advisory institution. Any review or certification is limited to formal criteria only.

--- End of Partner Application Form ---

