



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)

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):

- | | |
|--|--|
| <input type="checkbox"/> Customs Brokerage / HS Classification | <input type="checkbox"/> Freight Forwarding |
| <input type="checkbox"/> 3PL / Warehousing / Fulfillment | <input type="checkbox"/> Trade Finance / Letters of Credit |
| <input type="checkbox"/> Cargo Insurance / Trade Insurance | <input type="checkbox"/> CPA / Tax Advisory |
| <input type="checkbox"/> Legal / Trade Compliance | <input type="checkbox"/> Technology / System Integration |
| <input type="checkbox"/> Supply Chain Management | <input type="checkbox"/> 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 _____

Nationality _____

Ownership % _____

Type of Control _____

PEP Status _____

OFAC Clear? Yes No

Full Legal Name _____

Nationality _____

Ownership % _____

Type of Control _____

PEP Status _____

OFAC Clear? Yes No

Full Legal Name _____

Nationality _____

Ownership % _____

Type of Control _____

PEP Status _____

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 Document - 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.



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 ---

