

# Registration Form



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

**To: Dearborn Area Chamber of Commerce**

Exporter      Freight Forwarder  
(Please tick appropriate box)

Name of Company/Freight Forwarder/Broker, etc.:

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / State / Zip Code:** \_\_\_\_\_

**Taxpayer Identification Number:** \_\_\_\_\_

Please complete

For Non-U.S. companies, please use VAT / GST or similar taxpayer number.

In consideration of the Dearborn Area Chamber of Commerce ("DACC") from time to time granting Certificates of Origin and other export-related documents, or otherwise certifying documents upon request by the above named Organization (henceforth referred to as the "Organization"), the Organization hereby accepts FULL responsibility for the veracity, accuracy and completeness of such documents as are submitted by the Organization (and/or its representatives), or by the Organization on behalf of any of its clients.

The Organization also affirms that the documents submitted for certification will not pertain to the export of controlled goods; if affirmative, that it (or its clients) will obtain the necessary authorizations prior to submission to the DACC.

Further, the Organization waives and agrees to release and hold harmless the DACC and its officials in respect of all claims or expenses that the Organization or foreign authorities may have against the DACC or its officials or agents, now or in the future, in connection with such certification, and to indemnify the DACC, its officials and agents in respect of any costs or liability to the DACC, its officials or agents arising from such certification.

The Organization acknowledges that the DACC will keep copies of documents certified with the background documentation provided. If the DACC is presented with a demand for production of documents which is authorized by law, the Organization authorizes the DACC to produce documents received from the Organization in accordance with the demand. The Organization also agrees to make readily available to the DACC any other background documents (to be kept by the Organization for at least three years after the certification), for review by relevant authorities if requested.

**Primary Contact / Authorized Official:** This is the exporter's primary contact for certification matters. For users of Tradecert, the online Certificate of Origin system, this will be the primary system user who has authority to set up other users within the Organization.

Mr      Ms      .....

.....  
(Print / type full name of Primary Contact. Complete even if Primary Contact is same as Authorizing Official)

**Job Title:** .....

**eMail Address:** .....

**Tel:** ..... **Fax:** .....

Please complete

**Applications for Certificates of Origin are accepted under the below terms of conditions, which apply to each Application made, and you Agree to these terms and conditions:**

- The goods mentioned in each Application originate in the country(ies) specified therein and comply with the rules of origin applicable in the country(ies) to those goods.
- The information in the Application and in all documents provided to the Dearborn Area Chamber of Commerce ("DACC") is accurate, true and complete.
- The Applicant undertakes to advise DACC and any other person(s) to whom the applicant provides each Certificate (or to whom a Certificate is provided to with the knowledge of the Applicant) promptly in writing of any inaccuracy, omission or change in such information, or in the origin of the goods.
- The Applicant will maintain, and present upon request, such documentation as is necessary to verify the truth, accuracy and completeness of each Certificate and accompanying documents.
- In consideration for DACC's issuance of each Certificate, the Applicant agrees to release, discharge and hold harmless DACC from any liability in connection with the issuance of the Certificate, and to indemnify DACC in respect of any costs and/or claims made against DACC in connection thereof.
- The Authorized Official is authorized to give the undertakings set out herein and above.

Signature of Authorized Official (seal if available)

X \_\_\_\_\_

\_\_\_\_\_  
**Print Name of Authorized Official**

\_\_\_\_\_  
**Print Title of Authorized Official**

*Upon completion of your registration with the Dearborn Area Chamber of Commerce, we will email the Primary Contact login details to our online Certificate of Origin system.*

**Forward signed form to:**

**Questions?**  
1-313-584-6100

kvandenbosch@dearbornareachamber.org  
or  
Fax 313-584-9818