



Return this form to:
 North Dakota Trade Office
 4844 Rocking Horse Cir S #1
 Fargo, ND 58104
 jiwon@ndto.com

Exporter Freight Forwarder (Please tick appropriate box)

Please complete

Organization: _____
Address: _____
City / State / Zip: _____
Website: _____
Taxpayer Identification Number: _____

In consideration of the American World Trade Chamber of Commerce and North Dakota Trade Office (henceforth jointly referred to as the "CHAMBER") 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 "CHAMBER".

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

The Organization acknowledges that the CHAMBER will keep copies of documents certified with the background documentation provided. If the CHAMBER is presented with a demand for production of documents which is authorized by law, the Organization authorizes the CHAMBER to produce documents received from the Organization in accordance with the demand. The Organization also agrees to make readily available to the CHAMBER any other background documents (to be kept by the CHAMBER 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 the online Certificate of Origin system, this will be the primary system user who has authority to set up other users within the Organization.

Please complete

 (Print / type full name of Primary Contact. Complete even if Primary Contact is same as Authorizing Official)
Job Title: _____
eMail Address: _____
Direct Tel: _____ **Company Tel:** _____

Applications for Certificates of Origin are accepted under the below terms of conditions and those listed at www.awtcc.org, which apply to each Application made, and you Agree to all 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 CHAMBER is accurate, true and complete.
- The Applicant undertakes to advise the CHAMBER 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 the CHAMBER's issuance of each Certificate, the Applicant agrees to release, discharge and hold harmless the CHAMBER from any liability in connection with the issuance of the Certificate, and to indemnify the CHAMBER in respect of any costs and/or claims made against the CHAMBER 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

DATE

Upon completion of your registration form, The Primary Contact will receive the login details and User Guide via email.



CHAMBER Forward signed form to:
register@awtcc.org

Member Nonmember 2021