



LICENSING AND OPERATION RULES FOR CUSTOMS BROKERS APPLICANT'S SELF ASSESSMENT

Important: This Self-Assessment checklist is provided to guide applicants through the licensing process and operation rules. It should be completed by the Applicant.

It is highly recommended that you conduct this self-assessment and attach it to your Application.

Name

Date

SELF ASSESSMENT

Nr	CONDITION	Complies		Supporting Information
		YES	NO	
1.	Is over 21 years of age.			Date of Birth:
2.	Copy of the identity document attached.			Type of Document:
3.	Educational Qualifications equal to Grade 9 of compulsory schooling.			Certificate attached:
4.	Physical address for the main office. Copy of ownership title or lease.			Copy Attached:
5.	Provision for securely storing and archiving all client clearance documents, in an orderly fashion, for a period of 5 years, regardless of any electronic records.			
6.	Business Registration Certificate.			Copy Attached:
7.	Evidence they are not Tax Debtors to the State. (DIVIDAS)			Copy Attached:
8.	Tax Identification Number			TIN:
9.	Good Behaviour Certificate to show there are no convictions in criminal proceedings or tax offenses.			Copy Attached:
10.	Membership of the Professional Brokers Association.			Certificate Attached:

11.	Candidate published in the Journal da Republica after Final Examination (New Brokers Licensing Program)			Date:
12.	Bond provided to Customs: Minimum USD 10,000 to Maximum USD150,000			Amount:

For Customs Use Only			
Documentary Verification			
Date Self-Assessment Received	Name and Signature of Customs Brokers Monitoring Unit receiving: Name: Date:		CBMU Reference Number:
CBMU Evaluation Officer	Name:		
	Date:		
Application Evaluation			
Is the application and supporting documentation complete and correct?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No Give Details:
Evaluator Recommendation			
Are requirements met for granting Identity Card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Details of requirements not being met:			
Application granted/rejected:			
I recommend an Identity Card be: GRANTED <input type="checkbox"/> REJECTED <input type="checkbox"/> (Give details below for rejection)			
Reasons for Rejection:			
Evaluator Name, Signature and Date:			
Name:	Signature:	Date:	

National Director Customs Compliance Management – Approval/Rejection		
Based on the recommendation of the BMU Evaluator I hereby:		
<input type="checkbox"/> Approve the granting of an Identity Card <input type="checkbox"/> Reject the granting of an Identity card (see reasons below)		
Reasons for rejection:		
Name: National Director Customs Compliance Management	Signature and Stamp:	Date:
Applicant Informed of the Result		
CBMU Evaluator: To inform Applicant of Result	Applicant Informed: By Email: By Phone:	Date: