



Los Angeles Customs Brokers & Freight Forwarders Association

P.O. Box 4250, Sunland, CA 91041

Phone: (818) 951-2841 * Fax: (818) 353-5976

Email: la.cbffa@verizon.net * Website: www.lacbffa.org

Subscription Services for Los Angeles Customs Brokers & Freight Forwarders Association (LACBFFA) Informational Materials, Including Educational and Other Program Activities, Plus Access to the Members Only Section of the Website

With the full implementation by Customs & Border Protection (CBP) of Remote Location Filing, Customhouse brokers, not permitted in the CBP Los Angeles District, make entry and interact with CBP in this Customs District.

At the same time, outbound enforcement has increased the need by forwarders, licensed and located in other Customs Districts, for clarification of local export procedures along with contact information of appropriate parties, within both CBP and other government agencies.

Firms meeting the criteria for regular membership excluding physical presence in the designed CBP Los Angeles District can benefit from the work, educational and advocacy activities of the LACBFFA. For these companies and individuals (brokers, freight forwarders and NVOCCs, not-permitted in the Los Angeles Customs District) the association offers, on a subscription basis, its regular email notifications, including notification of LACBFFA's workshops, classes, conferences and other activities, plus access to the membership section on the LACBFFA website for a rate of \$200 per year.

Applications will be reviewed by the LACBFFA Board at its monthly board meetings.

Click [HERE](#) to join on line or fill out the following application.



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Application for Subscription Services

Los Angeles Customs Brokers & Freight Forwarders Association (LACBFFA)

Annual Fee: \$200

Company _____

Name #1 _____ Email _____

Name #2 _____ Email _____

Address _____

City & Zip Code _____

Phone _____ Fax _____

Business Services Provided:

___ Customs Broker ___ Freight Forwarder ___ NVOCC

Years in Business _____ Corporate License held by _____

CHB # _____ FMC # _____

Enclosed is our check # _____ (Payable to LACBFFA) to cover the first year's fees.

CC# _____ Name on Card _____

Card Holder Address _____

___ Visa ___ M/C ___ AMEX Exp. Date _____ 3 or 4 Digit Code _____

Signature _____ Date _____

Mail with check to: LACBFFA, P.O. Box 4250, Sunland, CA 91040. Or email with credit card information to: la.cbffa@verizon.net Questions? Call: 818.951.2841.