

Client support contact form: Canada Border Services Agency

⚠ Messages that contain profanity will not be answered.

▶ [Privacy disclaimer](#)

Your contact information

* First name (required)	<input type="text" value="First Name"/>
* Last name (required)	<input type="text" value="Last Name"/>
* Email address (required)	<input type="text" value="firstlastname@gmail.com"/>
* Telephone number (required)	<input type="text" value="7054446545"/>
Telephone extension	<input type="text"/>
* Country/Territory of residence (required)	<input type="text" value="Canada"/>
* Province/state (required)	<input type="text" value="Ontario"/>
* Language preference (required)	<input checked="" type="radio"/> English <input type="radio"/> French

Provide the name and contact information of the person that will be coordinating or conducting testing

Please tell us if your question is about a:

* What commercial program are you inquiring about? (required)

* With respect to the company this question is for, I am... (required)

* Please select the most appropriate topic that pertains to your request for assistance... (required)

* I have a question or require information about... (required)

Business information

* **Business name (required)**

Name of Business

Business number (BN)

123489392

RM number

0001

* **Please provide a detailed description of your request for assistance (max 3000 characters, text only) : (required)**

I am interested in participating in CARM Pre-R2 electronic service option testing for:

CAD (Direct Connect)

CAD (API)

DN, SOA, CBSS (Direct Connect)

DN, SOA, CBSS (CIG)

Please complete this section based upon your business needs.

Submit