***Nomination Form***

**WCO Asia-Pacific Regional Data/Intelligence Professionals Programme**

*INSTRUCTIONS*

1. *To be completed by - or under the authority of - the Head of the nominating administration, e.g.* ***Director General, Commissioner or equivalent official****, and returned RILO Asia and the Pacific (email : rilo@rilo-ap.org) and copied to RILO/CEN Programme, Compliance Sub-Directorate, the World Customs Organization (email: motoyuki.okura@wcoomd.org).* ***Please note that the form must be signed by the Head of the nominating administration. Otherwise, the nomination will be considered invalid.***
2. *Please complete this form in typewritten script.*

THE CUSTOMS ADMINISTRATION OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOMINATES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Nominee’s current title)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For WCO ASIA-PACIFIC Regional Data/Intelligence Professionals Programme.**

**THE NOMINATING ADMINISTRATION CERTIFIES THAT THE NOMINEE :**

1. Is a Customs officer of a Member administration which has active status at the WCO;
2. Has a minimum of 3 years’ experience in Customs;
3. Has a university degree or equivalent professional qualification;
4. Is proficient in English in communication and in writing;
5. Has basic skills in computer applications;
6. Is in good health and free from any medical condition that would impair applicant’s full participation in the Programme; and
7. Has expertise in the fields of risk management, data collection/intelligence analysis, targeting, and/or Customs enforcement.

|  |  |
| --- | --- |
| **DATE AND PLACE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Signature and seal of Head of the Administration** |
| **Name of signatory :** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Title :** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |