

C-TPAT SECURITY QUESTIONNAIRE



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COMPANY NAME:			
STREET ADDRESS:			
CITY:	STATE:	POSTAL CODE:	
COUNTRY:	OTHER:		

NAME OF PERSON COMPLETING FORM:	
TITLE:	TELEPHONE:
E-MAIL:	

IS YOUR COMPANY CURRENTLY C-TPAT CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, INITIATE AN SVI MONITORING REQUEST BY DOING THE FOLLOWING: 1) Log in to your C-TPAT Portal account, 2) Select the "Status Verification" link, 3) Select the "Request Monitoring" tab, 4) Enter our company's name in the search box (you must enter at least 3 characters) 5) Our company name will be in the list that appears, 6) Click the "Select Box" next to our company name.

HAS YOUR COMPANY STARTED THE PROCESS OF BECOMING C-TPAT CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, HAVE YOU:
MADE AN ANALYSIS OF YOUR EXISTING SECURITY CRITERIA AND PROCEDURES? <input type="checkbox"/> YES <input type="checkbox"/> NO
SUBMITTED THE ON-LINE BUSINESS PROFILE ON THE C-TPAT WEB PORTAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
STARTED THE PROCESS OF COMPLETING THE ON-LINE SECURITY PROFILE ON THE C-TPAT WEB PORTAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
SUBMITTED THE ON-LINE SECURITY PROFILE ON THE C-TPAT WEB PORTAL? <input type="checkbox"/> YES <input type="checkbox"/> NO

DOES YOUR COMPANY PARTICIPATE IN ANY GOVERNMENT SPONSORED SUPPLY CHAIN SECURITY PROGRAMS? INDICATED BELOW BY SELECTING APPROPRIATE CHECKBOX.
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- EXPORT SCHEME PROGRAM (NEW ZEALAND)?
- PARTNERS IN PROTECTION (CANADA)?
- GOLDEN LIST PROGRAM (JORDAN)?
- AUTHORIZED ECONOMIC OPERATOR (JAPAN)?
- AUTHORIZED ECONOMIC OPERATOR (KOREA)?
- AUTHORIZED ECONOMIC OPERATOR (EUROPEAN UNION)?
- AUTHORIZED ECONOMIC OPERATOR (TAIWAN)?
- AUTHORIZED ECONOMIC OPERATOR (ISRAEL)?
- NEEC (NUEVO ESHEMA de EMPRESA CERTIFICADAS (MEXICO)
- SECURE TRADE PARTNERSHIP (SINGAPORE)
- OTHER:
- NO, WE DO NOT PARTICIPATE IN ANY OF THESE PROGRAMS:

IF YOU ANSWERED YES, PLEASE PROVIDE COPIES OF ALL CERTIFICATES AND PERTINENT DOCUMENTS AND DO NOT COMPLETE THE REMAINDER OF THIS SECURITY QUESTIONNAIRE.

SIGNATURE OF PERSON COMPLETING THIS QUESTIONNAIRE

DATE