

<b>CTPAT SECURITY PROFILE QUESTIONNAIRE (for Client/Partners)</b>			
<b>I. Company Data</b>			
Company Name:			
Address:			
Years in Business			
Number of employees:			
Point of Contact (POC):		E-mail:	
Title of the POC:			
Phone:		Fax:	
<b>II. Supplier/Service Provider type (Please check all that are applicable):</b>			
<input type="checkbox"/> Importer	<input type="checkbox"/> Airline	<input type="checkbox"/> OTI (FMC#)	
<input type="checkbox"/> Customs Broker	<input type="checkbox"/> Steamship Line	<input type="checkbox"/> Consolidator/NVOCC	
<input type="checkbox"/> Freight Forwarder	<input type="checkbox"/> Highway Carrier	<input type="checkbox"/> CFS/CES	
<input type="checkbox"/> Other: _____			
<b>III. C-TPAT Certification Status:</b>			
(Check one)			
<input type="checkbox"/> Accepted	<input type="checkbox"/> Applied, but certification not received		
<input type="checkbox"/> No plans for C-TPAT	<input type="checkbox"/> Other (Please specify) _____		
_____			
_____			
_____			
<b>IV. Participation status in Customs Industry Partnership/Security Programs</b>			

List all government Industry Partnership/Security Programs:

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List three client references and years of business with the clients

1. \_\_\_\_\_ years

2. \_\_\_\_\_ years

3. \_\_\_\_\_ years

List bank references and years of business with the bank(s)

1. \_\_\_\_\_ years

2. \_\_\_\_\_ years

3. \_\_\_\_\_ years

**V. Certification Statement**

I hereby certify that the information given by me in this questionnaire is true and correct to the best of my knowledge. Should significant changes occur in our program, we will provide XXX notification in writing of these changes.

\_\_\_\_\_

**Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_

**Title**

**Please return this document via mail, fax or e-mail to the following party.**

If you are not a participant of C-TPAT, please complete the Supply Chain Security Questionnaires to Importer.

Thank you for your cooperation in completing this survey.