

C-TPAT SECURITY QUESTIONNAIRE

Company Name:				
Street Address:				
City:	State:	Posta	Code:	
Country:				
Name of Person Completing Form:				
Title:	Telephone			
Email:				
Is your company currently C-TPAT CERTIFIED?	Check One: Yes	No		
If yes, initiate an SVI monitoring request by doir account, 2) Select the "Status Verification" link, Company's name in the search box (you must e appear in the list. 6) Click the "Select Box" next	3) Select the "Req enter at least 3 chai	uest Monitori racters. 5) Ou	ng" tab	o, 4) Enter our
Has your company started the process of becoming C-TPAT Certified? Check One : Yes No				
If Yes have you: Made an analysis of your existing security criteria and procedures?		Check one:	Yes	No
Submitted the online business profile on the C-TPAT web portal?		Check one:	Yes	No
Started the process of completing the online sec	urity profile on the			
C-TPAT web portal?		Checkone	Yes	No
Submitted the online Security Profile on the C-TPAT web portal?		Check one	Yes	No
Are you a member of a Mutual Recognition Agreement?		Check one	Yes	No
If yes please please state country:				
and program identifier:				
If you answered yes, please provide copies of all	certificates and pe	rtinent docur	nents.	

Signature of person completing this questionnaire Date