

Vendor Profile
For
C-TPAT COMPLIANCE

Corporate/Company Information	
Name:	Security Contact:
Address:	Phone: Fax: Email:
Insurance Verification: (please attach copy)	Security Officer:
Tax ID #:	Phone:
Number of Employees:	Fax: Email:
C-TPAT Status/SVI #:	Brief description of services you provide:
Brief description of security procedures currently in place: (i.e.: monthly security briefings for all personnel, resources for this training, etc.)	
Are training records available upon request:	
Brief description of screening/hiring practices that assure cargo security:	
Brief description of means/methods of ensuring safety of cargo in your possession, (please include both facility and conveyance measures:	

I hereby certify that the information given by me in completing this questionnaire is true and correct to

the best of my knowledge: Date: _____ Signed: _____

Title: _____ Print Name: _____