



Customer/Vendor C-TPAT Questionnaire

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please answer all security questions to ensure that our partners meet C-TPAT security guidelines.

Is your company currently C-TPAT certified Y / N, If yes, what is your SVI # \_\_\_\_\_ If no, please continue to fill out the form.

Have you obtained a certification in supply chain security program administered by a foreign country? Y / N IF yes, please provide details \_\_\_\_\_

Please describe your processes/procedures in place for the following areas,— be sure to use additional pages if necessary:

1. PHYSICAL SECURITY:
2. ACCESS CONTROLS:
3. COMPUTER SECURITY:
4. CARGO SECURITY
5. CONVEYANCE SECURITY:
6. PERSONNEL SECURITY:
7. SECURITY EDUCATION & TRAINING:
8. DOCUMENT SECURITY:
9. MANIFEST SECURITY:
10. REPORTING & INVESTIGATING SECURITY BEACH OR ILLEGAL ACTIVITY: