

[Type here]



**RELIANT**  
CUSTOMS BROKER

**C-TPAT BUSINESS PARTNER QUESTIONNAIRE**

**GENERAL INFORMATION**

Company Name:			
Completed by:		Date:	
Type of Company			
Sole proprietorship:	Partnership:	Corporation:	Other:
Phone:	Fax:	E-mail:	
Physical address:			
City:		State:	ZIP Code:
Federal ID Number (IRS):			
Part of an MRA (Mutual Recognition Arrangement) or an AEO (Authorized Economic Operator Program)? _____			
MRA:	AEO:	CTPAT:	Other:
<b>*For CTPAT Provide Details Below, for other programs provide copy of acceptance</b>			
Company Website:			
Bonded? Yes___ No___	Bond Number:	Bonded Carrier Code:	

**PRIMARY CONTACT INFORMATION**

Name:	Title:
Phone:	Fax:
E-mail:	

**PARTNER/OFFICER/OWNER INFORMATION**

Name:	Title:
Phone:	Fax:
E-mail:	

**C-TPAT INFORMATION**

C-TPAT Certified? Yes _____ No_____	SVI Number:
Copy of Certificate Attached? Yes___ No_____	
C-TPAT validated by CBP? Yes_____ No_____	Date of Validation:

**SECURITY REQUIREMENTS**

**PERSONNEL SECURITY**

Security ID Badges? Yes___ No___	
Employee Background Checks? Yes___ No___	Frequency: Every ___months
Employee Drug Test? Yes___ No___	Frequency: Every ___months
Security Awareness Training? Yes___ No_____	Frequency: Every ___months

**FACILITY SECURITY**

Visitor's Policy and Controls? Yes ___No_____	
Alarm System? Yes___ NO_____	Camera Surveillance System? Yes _____No_____
Locking Devices in all doors and windows? Yes___ No_____	
Written Procedures for Emergency Plan? Yes___ No_____	
Additional Physical Security (Gates, guards, etc.):	

[Type here]

## C-TPAT SERVICE PROVIDER QUESTIONNAIRE

### SECURITY REQUIREMENTS (CONT.)

#### SHIPPING AND RECEIVING (When applicable)

Restricted Area for shipping? Yes ___ No___	Restricted Area for Receiving? Yes___ No___
Container Inspection? Yes ___ No___	Seals Inspection? Yes ___ No___
Merchandise Inspection? Yes ___ No___	
Drivers Id Log? Yes___ No___	
Restricted Area for Documentation Storage? Yes___ No___	
Restricted Area for Data Processing? Yes___ No___	
Security Awareness Signage at Shipping and Receiving Areas? Yes___ No___	

#### INFORMATION TECHNOLOGY SECURITY

Is your server area secured? Yes ___ No___
Password for computers and software systems? Yes___ No___
Current virus protection and firewall? Yes ___ No___
Data Backup? Yes ___ No___
E-mail and Internet Use Policy? Yes ___ No___

#### TRAINING AND SECURITY AWARENESS

Security Awareness Program? Yes___ No___	Review frequency: Every ____ months
Security Training for Employees? Yes ___ No___	Training frequency: Every ____ months
Routine Security Audits?	Frequency: Every ___ months
Corrective Actions Taken? Yes ___ No___	
Procedures in place to report anomalies? Yes___ No___	

#### RELIANT CHB USE ONLY

Does the service provider comply with the minimum C-TPAT Security Criteria? Yes\_\_\_ No\_\_\_

What areas need to be addressed?

Service Provider Approved? Yes\_\_\_ No\_\_\_

Authorized by:

#### OTHER REMARKS AND NOTES

--