



C-TPAT Information

Is your company currently participating in C-TPAT? Yes / No

If Yes, please provide the following information:

SVI Number _____

Authorized Signature _____

Printed Name _____

Title _____

Company Name _____

Address _____

City, State, Zip Code _____

Date _____

If No, please provide the following information and a questionnaire will be sent to you:

Printed Name _____

Company Name _____

Email _____

Phone _____

For more information on C-TPAT, please go to the following webpage to read about it:

http://www.cbp.gov/xp/cgov/trade/cargo_security/ctpat/