



Co. Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact signature: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

- Type of Contractor:
- NVOCC  Airline  Courier  CHB
- Freight Forwarder  CFS/Warehouse  VOCC  Trucker

**SECTION I - PROCEDURAL SECURITY & DOCUMENTATION**

1.1 Does your organization participate in US Custom's Carrier Initiative Program (CIP)?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> U/D
1.2 Does your organization participate In US Custom's Super Carrier Initiative Program (SCIP)?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> U/D
1.3 Does your organization participate in US Custom's Business Anti-Smuggling Coalition (BASC)?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> U/D
1.4 Does your organization participate In US Custom's Carrier-Trade Partnership Against Terrorism (C-TPAT)?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> U/D
<i>if answer to 11A above Is "Yes" - STOP here and return survey with copy of your C-TPAT Certification Letter.</i>	
1.5 Does your organization maintain procedures to protect against the introduction of unmanifested materials being loaded?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> U/D
1.6 Does your organization ensure the accuracy of the manifest?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> U/D
1.7 Does your organization have standard exception reporting procedures?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> U/D

**SECTION 2 - PHYSICAL SECURITY & ACCESS CONTROL**

2.1 Does your organization maintain physical integrity to protect against tampering?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> U/D
2.2 Does your organization maintain an ID Program to control access by employees?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> U/D
2.3 Does your organization perform any warehousing, consolidating, de-Consolidating, packing or crating functions for	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> U/D
2.4 If you answered yes to question 2.3, please complete the Warehouse Security Survey.	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> U/D

**SECTION 3 - CONVEYANCE**

3.1 Are your organization's vehicles locked or secured when left unattended?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> U/D
3.2 Does your organization check container seals against documents to ensure that they have not been tampered with?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> U/D

**SECTION 4 - PERSONNEL, EDUCATION & TRAINING**

4.1 Does your organization perform or arrange security background checks on new hire employees?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> U/D
4.2 Does your organization have a security awareness or training program in place?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A <input type="radio"/> U/D

N/A. Not Applicable  
U/D- Under Development

Mail or Fax  
Survey To:



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