

Please complete the following address/contact information, and all questions.

Please Note: Any N/A responses must be accompanied by individual explanations on a separate page.

Section A: Company Identification & Contact Person		
Company Legal Name:		
Operating As:		
Physical Address:		
City:	State/Province:	Postal Code/Zip:
Mailing Address:		
City:	State/Province:	Postal Code/Zip:
Contact Person:		
Title:		
Phone:	Toll Free:	
Direct Line:	Fax:	
Email:		
Web:		

Section B: Type of Supplier/Service Provider (Please check all that apply)	
<input type="checkbox"/> Airfreight Consolidator	<input type="checkbox"/> Highway Carrier
<input type="checkbox"/> Airline	<input type="checkbox"/> NVOCC (Non-Vessel Operating Commercial Carrier)
<input type="checkbox"/> CFS/Warehouse	<input type="checkbox"/> Product Supplier
<input type="checkbox"/> Customs Broker	<input type="checkbox"/> Steamship Line
<input type="checkbox"/> Freight Forwarder	
<input type="checkbox"/> Other (Please Specify) _____	

Section C: Procedures, Security, and Documentation				
	Key: N/A - Not applicable	Yes	No	N/A
1.	Is your company an approved participant in the Partners in Protection (PIP) security program? •If yes, please provide your membership number and send a copy of your certificate. Membership #:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is your company an approved participant in the Customs-Trade Partnership Against Terrorism (C-TPAT) security program? •If yes, please email your SVI sharing token to kirk.defoe@cole.ca <input type="checkbox"/> Token Email Sent or provide your SVI number. SVI #:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



If you answered "Yes" to question 1 and/or 2, regarding your participation in the PIP and/or C-TPAT programs, you are not required to complete the remaining questions.

Please complete Section G on page four (4), and provide a list of all locations, addresses and subsidiaries included in your certification.

Section C: Procedures, Security, and Documentation (continued)				
	Key: N/A - Not applicable	Yes	No	N/A
3.	Does your company intend to participate in either the CBSA PIP or US Customs C-TPAT programs in future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does your company participate in other US, Canadian, or World Customs Organization (WCO) accredited programs? <input type="checkbox"/> Customs Self Assessment (CSA) <input type="checkbox"/> Free and Secure Trade (FAST) <input type="checkbox"/> Authorized Economic Operator (AEO) of a foreign country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does your company have a written corporate security policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does your company have procedures to ensure the accuracy of the information contained in manifests, bills of lading, and other shipping documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you validate the names and addresses of shippers, consignees and notify parties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does your company have procedures to identify and report shortages and overages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does your company have procedures to protect against the introduction of un-manifested materials into your facility and/or conveyances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does your company have procedures to protect against falsification of documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does your company have procedures to verify seals on containers, trailers, and/or rail cars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Does your company use high security seals that meet ISO 17712 standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Are empty containers/trailers inspected upon arrival?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Are trailers, containers or other conveyances stored in a secure manner to prevent unauthorized use or access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Are company vehicles (including trailers and containers) locked/secured when left unattended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does your company have a system to track the movement of your conveyances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Does your company have written and verifiable processes for the screening of business partners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Does your company have procedures to identify and report suspicious persons or activities to Customs or other law enforcement agencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section D: Physical Security				
	Key: N/A - Not applicable	Yes	No	N/A
1.	Is your facility designed and constructed to protect against unlawful entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does your facility have adequate locking devices on all external and internal doors, windows, and gates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is there a security/burglar alarm system in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are surveillance cameras used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are the interior, exterior and parking areas of your facility adequately lit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does your company have physical barriers and deterrents such as fencing or gates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have separate parking areas for employees and visitors, away from cargo and loading dock areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you segregate domestic, international, high-value, and dangerous goods in your facility, by means of cages, signs or floor markings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you have designated security personnel or security devices in the cargo areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section E: Access Controls				
	Key: N/A - Not applicable	Yes	No	N/A
1.	Does your company have a documented employee identification process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are visitors required to sign in and present appropriate ID?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does an authorized employee accompany visitors at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does your company have procedures to challenge unauthorized/unidentified persons in your facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does your company have a documented process for controlling the issuance and retrieval of employee, visitor or vendor identification badges or key cards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you restrict access to computer areas (mainframe, media, storage, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are computer workstations, PCs and other terminal devices password protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are passwords routinely changed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you restrict access to computer files based on user profile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you perform routine computer system backups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Is system access via the Internet protected by means of firewalls, encryption, or other security protocols?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section F: Personnel, Training, and Education				
	Key : N/A - Not applicable	Yes	No	N/A
1.	Does your company perform pre-employment screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does your company perform periodic background checks on employees whose positions or job functions directly relate to security?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does your company have an internal code of conduct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does your company provide security awareness training to all employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you encourage active employee participation in security controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section G: Signature

I certify that the information provided in this Supply Chain Security Questionnaire is true, accurate, and was completed without prejudice.

Should information provided in this questionnaire change, we agree to advise Cole of any changes, additions, or deletions.

Signature: _____

Print Name: _____

Title: _____

Date: / /
 MM DD YY

Please mail, fax, or scan and email the completed, signed questionnaire to:

Kirk DeFoe
 Security Manager
 Cole International
 3033 - 34th Avenue N.E.
 Calgary, AB T1Y 6x2
 Canada

Direct Line: 403-219-2267
 Phone: 403-262-2771
 Toll Free: 800-313-4281, ext. 267
 Fax: 403-262-7301
 Email: kirk.defoe@cole.ca

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