

2019

# **C-TPAT, Company Profile**

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NOTICE: THIS SYSTEM CONTAINS TRADE SECRETS AND COMMERCIAL AND FINANCIAL INFORMATION RELATING TO THE CONFIDENTIAL BUSINESS OF PRIVATE PARTIES. THE TRADE SECRETS ACT, (18 U.S.C. 1905), PROVIDES PENALTIES FOR DISCLOSURE OF SUCH INFORMATION. CBP EMPLOYEES WHO VIOLATE THIS ACT AND MAKE WRONGFUL DISCLOSURES OF CONFIDENTIAL COMMERCIAL INFORMATION MAY BE SUBJECT TO A PERSONAL FINE OF UP TO \$1,000, IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH, AND SHALL BE REMOVED FROM EMPLOYMENT. AN IMPROPER DISCLOSURE OF CERTAIN INFORMATION CONTAINED IN THIS SYSTEM WOULD CONSTITUTE A VIOLATION OF THE PRIVACY ACT (5 U.S.C. 552A). VIOLATORS COULD BE SUBJECT TO A FINE OF NOT MORE THAN \$5,000. INFORMATION CONTAINED IN THIS SYSTEM IS SUBJECT TO THE 3RD PARTY RULE AND MAY NOT BE DISCLOSED TO OTHER GOVERNMENT AGENCIES WITHOUT THE EXPRESS PERMISSION OF THE AGENCY SUPPLYING THE ORIGINAL INFORMATION.

PAPERWORK REDUCTION ACT STATEMENT: AN AGENCY MAY NOT CONDUCT OR SPONSOR AN INFORMATION COLLECTION AND A PERSON IS NOT REQUIRED TO RESPOND TO THIS INFORMATION UNLESS IT DISPLAYS A CURRENT VALID OMB CONTROL NUMBER. THE CONTROL NUMBER FOR THIS COLLECTION IS 1651-0077. THE ESTIMATED AVERAGE TIME TO COMPLETE THIS APPLICATION IS 20 HOURS PER RESPONDENT. THE OBLIGATION TO RESPOND IS REQUIRED TO OBTAIN A BENEFIT. IF YOU HAVE ANY COMMENTS REGARDING THIS BURDEN ESTIMATE YOU CAN WRITE TO U.S. CUSTOMS AND BORDER PROTECTION, REGULATIONS AND RULINGS, 90 K STREET, NE, WASHINGTON, DC 20229.

I Accept

false

Business Type

Select the business type of the company joining the C-TPAT program.

.1.1 Business Type   **Select a business type**

If you have an Application Exception Token enter it below.

.1.2 Application Exception Token

### Company Information

Enter the required company information below.

.3.1 Company Name  **Enter a company name**

.3.2 Company Doing Business As

.3.3 Company Telephone  **Enter a company telephone number**

.3.4 Company Fax

### Primary Address

Enter the primary address of the company.

.4.1 Type  **The type is required.**

.4.2 Country/Territory  **The country is required.**

.4.3 Street Address  **The address line 1 is required.**

.4.4 Street Address 2

.4.5 City

**The city is required. Please enter a valid city.**

.4.6 State  **The state is required.**

.4.7 Zip/Postal Code  **The postal code is required.**

.4.8 Is the address also a mailing address?

### Other Addresses

There are no other addresses.

[Add New Address](#)

### Additional Company Information

Select the appropriate answers below.

.5.1 Owner Type  **Select an owner type**

.5.2 Years In Business  **Select the number of years in business**

.5.3 Number of Employees  
 **Select the number of employees**

#### Company Contacts

Enter all of the contacts from your company that will be participating in the C-TPAT program. Ensure that you have selected a designated Point of Contact (POC) who is an officer of the company.

**NOTE:** If you need to change the email address of an existing contact, please delete the existing contact, then add a new contact with the new email address.

#### .6.1Contacts

There are no contacts.

**Contact Details**   **Please enter at least one contact who is a**

**point of contact.**

**You can only be one of the listed contacts. Make sure 'Are you this user?' is only selected for one contact.**

**Email addresses must be unique to one contact. Please make sure that more than one contact is not using the same email address. A company officer must be listed as a contact.**

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Enter all of the contacts from your company that will be participating in the C-TPAT program. Ensure that you have selected a designated Point of Contact (POC) who is an officer of the company.

**NOTE:** If you need to change the email address of an existing contact, please delete the existing contact, then add a new contact with the new email address.

#### Contact Details

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Cancel Profile

Business Information

.7.8 In the past 24 months, how many crossings with freight did you transport under your operating authority into the United States?  **Enter the number of freight crossings**  
**Enter a numeric value**

.7.9 U.S. Department of Transportation (DOT) issued Number  **DOT issued**  
**number must be a five to seven character alphanumeric code**

.7.10 U.S. National Motor Freight Traffic Association issued Standard Carrier Alpha Code













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