



Customs- Trade Partnership Against Terrorism (C-TPAT)

IMPORTER ASSESSMENT



To:
From: **E.C. Ferrer CHB, Inc.**

Date:

E.C. Ferrer CHB, Inc. is a participant in the U.S. Customs Service's "Customs-Trade Partnership Against Terrorism." As a C-TPAT partner, we have made a firm commitment to enhance the security of goods moving through our international supply chain. To implement this commitment, we are required to obtain information concerning the security policies and procedures used by our clients and supply chain partners. As our business partner, we request for your company to develop, implement, and follow security processes and procedures consistent with C-TPAT guidelines that have been published by U.S. Customs. For further information regarding the C-TPAT program and security criteria, please visit <https://www.cbp.gov/border-security/ports-entry/cargo-security/ctpat/>. If your company is C-TPAT certified, we will request status monitoring via the C-TPAT portal. For Non-participants of the C-TPAT program, please visit the website noted above. **Your firm is receiving this request because you are a new client to our firm:**

Company Name: _____
Respondent's Name: _____
Respondent's Title: _____
Address: _____
City/State/Zip: _____
Phone/Email: _____
Fed Tax ID or SSN: _____

As an authorized representative of the Importer named above, I _____ certify that the status of our participation in the U.S. Customs Service "Customs- Trade Partnership Against Terrorism" (C-TPAT) is:
(please choose one, and fill in appropriate date):

- ☐ **Participant** - Our participation was accepted by U.S. Customs effective _____
☐ **We have applied to participate** – Our application was submitted _____
☐ **We intend to participate** – Our application will be submitted by _____
☐ **We need more information about C-TPAT**- Please advise how we can participate.
☐ **We are not a participant** in the C-TPAT program.

Please complete the following:

Is this your first time importing?	Yes	No	This commodity?	Yes	No
Is this your first time using this supplier?	Yes	No			

Are you aware if your supplier is a certified C-TPAT Member? Yes No

Commodity: _____

Classification (if known) _____

or Copy of CBP 7501: _____

Supplier: _____

Originating Country: _____

Air or Sea: _____

We respectfully request your signature below to acknowledge awareness of the C-TPAT Program.

Signature: _____ Date: _____

Kindly fax back this document to 562/422-5593 or email to Jackie@ecferrer.com and/or Marilu@ecferrer.com

Please note CTPAT acknowledgement on subject line of email.

Should you have any questions regarding the C-TPAT Program, please feel free to contact our office at 562/422-6492 or via email at Jackie@ecferrer.com or Marilu@ecferrer.com

Sincerely,

Eduardo Ferrer
President