|  |  |
| --- | --- |
| **Supplier Name** |       |
| **Street** |       |
|  **ZIP Code** |       |
|  **Location** |       |
| **Country** |       |
| **vendor number** |       |

# Does your company participate in the C-TPAT program?

[ ]  **Yes** C-TPAT Account Number

[ ]  **No**

# Does your company participate in any of the following program?

[ ]  **AEO** – Authorized Economic Operator Account Number

[ ]  **PIP** – Partners in Protection Account Number

[ ]  **Other** comparable Programs (GLP, NEEC, SES, STP)

 Name       Account Number

[ ]  **No**

# The supplier hereby declares that the delivered materials are from safe countries of origin:

[ ]  **Yes**

[ ]  **No**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, date Name Company stamp and signature

Please return the completed and signed form back to us.