



Customer Information:

Company Name: \_\_\_\_\_

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

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Contact: \_\_\_\_\_ Position: \_\_\_\_\_

After Hours Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

MC #: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

How long have you been in business? \_\_\_\_\_

What port of entries do you use most? \_\_\_\_\_

Which are your common lanes? \_\_\_\_\_

What are you primarily transporting? \_\_\_\_\_

Are you a certified member of C-tpat and/or Partners in Protection? If yes, please provide SVI #.

Yes                  No                  SVI #

Do you have a written Security Program?    Yes                  No

Does your program include internal controls for facility security, theft prevention, safe areas and secure procedures for drivers stopping in transit, and information (IT) security controls?                  Yes                  No

Do you provide your employees with security awareness and procedures training? Yes                  No

Do you document and correct security deficiencies internally?                  Yes                  No

Are all loaded trailers sealed? Do you use high security PAS ISO 17712 seal on all loads?    Yes  
No

Is the loading and unloading of cargo supervised?                    Yes                    No

Do you handle hazardous or dangerous goods?                    Yes                    No

Do you conduct pre-employment screening and interviewing of prospective employees?    Yes                    No

Do you have written security policies and practices to guard against the insertion of illegal or unauthorized material into a shipment?                    Yes                    No

Do you provide a security awareness training program to employees?                    Yes                    No

Do you have a 24 hour emergency contact? If yes, please state name and number.    Yes                    No

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Please attach copies of your Insurance and Authorities.

Questionnaire completed by:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Any questions or concerns please relay to:

TruckDepot Expedite Inc.  
7686 Kimbel Street Unit 10-11  
Mississauga, ON L5S 1E9  
P: 905-696-0840  
F: 905-696-7005