



# Certified Carrier Profile

Tenold Transportation  
19470 – 94<sup>th</sup> Avenue  
Surrey, BC V4N 4E5

Phone: 604-881-7811 / 888-656-0094  
Fax: 604-888-0394 / 888-368-9292

**Please return the following information by fax to Attention:**

- a. Certificate of Insurance (list any exclusions of coverage)
- b. ICC Authority Certificate (MC#)
- 3. Copy of Canadian NSC Carrier Profile and/or US Safety Profile or CVR/RIN # in Ontario/Quebec
- 4. Clearance letter from WCB (or CSST in Quebec) – must be dated within 30 days
- 5. Hazardous Materials Certificate, if applicable
- 6. Completed Service Provider C-TPAT Survey (see attached)

Company name and address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Email: \_\_\_\_\_

After hours contact number: \_\_\_\_\_

Dispatch contact(s): \_\_\_\_\_

Number of power units: \_\_\_\_\_

Number of trailers: \_\_\_\_\_

Type of trailers: Flat deck Step deck DDrop RGN Van SuperB Trains Other \_\_\_\_\_

Team Service: Y / N

Satellite Tracking: Y / N

Preferred areas of service: \_\_\_\_\_

**Customs Compliance Certification:** Please answer YES (Y), IN PROGRESS (IP) or NO plans to apply (N)

Fast: Y / IP / N Driver Fast Cards: Y / IP / N FAST ACCT# \_\_\_\_\_

CSA: Y / IP / N PIP: Y / IP / N If yes, PIP #: \_\_\_\_\_ ACE: Y / IP / N

PARS: Y / IP / N PAPS: Y / IP / N CDN Bond: Y / IP / N US Bond: Y / IP / N

C-TPAT: Y / IP / N If NO or IN PROGRESS, please fill out our survey.

If YES, please provide your SVI # \_\_\_\_\_

Does your company have a drug/alcohol policy in place (USA DOT requirement): Y / N

Does your company have a driver training/qualification process in place: Y / N

Are the drivers covered under your company WCB coverage (or CSST in Quebec): Y / N

Does your company use owner operators: Y / N

If yes, do the owner operators provide their own insurance coverage: Y / N

I certify that this information is correct and accurate to the best of my knowledge: Date \_\_\_\_\_

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

For Tenold Transportation use only.

All \_\_\_ WCD \_\_\_ ECD \_\_\_ WC \_\_\_ NC \_\_\_ SC \_\_\_ GL \_\_\_ NE \_\_\_ SE \_\_\_

Comments : \_\_\_\_\_

Carrier Level: 1 2 3 4 5

Approved : Y / N Date: \_\_\_\_\_

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

# TENOLD TRANSPORTATION LP

## Business Partner Security Questionnaire - Carrier

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

Registered Company Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City \_\_\_\_\_ Pr/St \_\_\_\_\_ Postal/Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

If you have an SVI number, write it in the space below, otherwise, please fill out the balance of the form and fax back to 604-888-0394. Thank you.

SVI #: \_\_\_\_\_

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | • In process of becoming C-TPAT (Customs Trade Partnership Against Terrorism)  |
| <input type="checkbox"/> | <input type="checkbox"/> | • In process of becoming ISPS (International Ship and Port Facility Security)  |
| <input type="checkbox"/> | <input type="checkbox"/> | • In process of becoming MTSA (Marine Transportation Security Act)   |
| <input type="checkbox"/> | <input type="checkbox"/> | • In process of becoming PIP (Partners in Protection)  |
| <input type="checkbox"/> | <input type="checkbox"/> | • Pre-employment verification - In compliance with local laws and regulations does your company verify application information such as employment history and references prior to employment ? |
| <input type="checkbox"/> | <input type="checkbox"/> | • Does your company conduct background checks for prospective employees as allowed by federal, provincial/state and local regulations ?  |
| <input type="checkbox"/> | <input type="checkbox"/> | • Is an employee identification system in place for positive and access control purposes ?   |
| <input type="checkbox"/> | <input type="checkbox"/> | • Does your company have procedures in place to remove company ID badges, facility and systems access for terminated employees ?   |
| <input type="checkbox"/> | <input type="checkbox"/> | • Do your automated systems use individually assigned accounts that require a periodic change of password ?  |
| <input type="checkbox"/> | <input type="checkbox"/> | • Does your company provide proper supply chain security training (office & drivers) ?   |
| <input type="checkbox"/> | <input type="checkbox"/> | • Are visitors, vendors and service providers required to show photo ID and documentation confirming reason for entry upon visiting facility ?   |
| <input type="checkbox"/> | <input type="checkbox"/> | • Are gates and or mechanical barriers in place to control truck access to the yard and warehouse facilities ?   |
| <input type="checkbox"/> | <input type="checkbox"/> | • Does the perimeter fencing enclose the areas around cargo handling and storage facilities, yards and terminals ?   |
| <input type="checkbox"/> | <input type="checkbox"/> | • Do you regularly inspect fencing for integrity and damage ?  |
| <input type="checkbox"/> | <input type="checkbox"/> | • Does your company have written procedures that stipulate how seals are stored and inventoried ?  |
| <input type="checkbox"/> | <input type="checkbox"/> | • Does your company have a security plan that ensures proper security management ?   |
| <input type="checkbox"/> | <input type="checkbox"/> | • Does your company conduct routine security assessments ?   |
| <input type="checkbox"/> | <input type="checkbox"/> | • Is your warehouse facility alarmed ?   |
| <input type="checkbox"/> | <input type="checkbox"/> | • Do you have security cameras in your warehouse facility ?  |
| <input type="checkbox"/> | <input type="checkbox"/> | • Do you have security cameras in your yard complex ?  |
| <input type="checkbox"/> | <input type="checkbox"/> | • Is your yard complex well lit during night hours ?   |

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

