



Division of Customs Service

Department of Finance

P O BOX 5234 CHR B SAIPAN, MP 96950 TEL 670.664.1601/1610 FAX 670.664.1615



ONSITE INSPECTION AGREEMENT FORM

NAME OF COMPANY _____

TAX ID NO.: _____ PHONE NO _____

PERMANENT ADDRESS _____
STREET ADDRESS AND/OR POST OFFICE BOX

CITY STATE ZIPCODE COUNTRY

NAME OF REPRESENTATIVE _____

PHONE NO & EMAIL _____

FACILITY INFORMATION. In order to avail of the onsite inspection, your facility is required to comply with the following security measures. Check each box that you have completed in order to receive onsite inspections.

Alarm and/or Camera Surveillance (CCTV) Yes No

Fence Around Facility (applicable only for those whose facilities are not part of a building complex; stand-alone) Yes No

Identification Card and/or Uniform worn by personnel Yes No

EMPLOYEE LISTING. On the lines below, list the names of all employees (full time, part-time, or as needed) that will be subjected to background (security) checks in order to conduct cargo clearances on behalf of the company.

LASTNAME, FIRST NAME MI

- | | | |
|-----------|------------------------------------|------------------------------------|
| 1.) _____ | <input type="checkbox"/> Full Time | <input type="checkbox"/> As Needed |
| 2.) _____ | <input type="checkbox"/> Full Time | <input type="checkbox"/> As Needed |
| 3.) _____ | <input type="checkbox"/> Full Time | <input type="checkbox"/> As Needed |
| 4.) _____ | <input type="checkbox"/> Full Time | <input type="checkbox"/> As Needed |
| 5.) _____ | <input type="checkbox"/> Full Time | <input type="checkbox"/> As Needed |
| 6.) _____ | <input type="checkbox"/> Full Time | <input type="checkbox"/> As Needed |
| 7.) _____ | <input type="checkbox"/> Full Time | <input type="checkbox"/> As Needed |
| 8.) _____ | <input type="checkbox"/> Full Time | <input type="checkbox"/> As Needed |

ADD ANOTHER SHEET IF YOU HAVE MORE EMPLOYEES

Signature of Authorized Representative _____ Date _____

FOR OFFICIAL USE ONLY	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
_____	_____
Jose C. Mafnas, Customs Director	Date (MM/DD/YEAR)
REMARKS: _____	