**[](http://yardnet/sitemap.asp)**

**Prospective Supplier Questionnaire**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Business Name** |  | | | | | | | | |
| **Street Address** |  | | | | | | | | |
| **City** |  | | **State** | | |  | **Zip Code** | |  |
| **Point of Contact** |  | | | | | | | | |
| **Title** |  | | | | | | | | |
| **Telephone Number** |  | | | | | | | | |
| **Fax Number** |  | | | | | | | | |
| **Email Address** |  | | | | | | | | |
| **Web Address** |  | | | | | | | | |
| **Cage Code** |  | | | | **DUNS Number** | | |  | |
| **Total Number of Employees** |  | | | | **Congressional District** | | |  | |
| **Year Company Established** | |  | | | | | | | |
| **Is the company foreign owned/controlled** | | YES  NO | | | | | | | |
| **Are you a Manufacturer?** | | YES  NO | | | | | | | |
| **Are you a Distributor?** | | YES  NO | | | | | | | |
| **Are you a Service Provider?** | | YES  NO | | | | | | | |
| **Is your company a supplier for any other Defense Industry company?** | | YES  NO | | | | | | | |
| **If yes, list companies** | |  | | | | | | | |
| **List Competitors:** | | | | | | | | | |
| **Did your company’s average annual revenue exceed $35.5M for the last three years?** | | | | YES  NO | | | | | |

**Company Ownership Type Based On NAICS Code**

*List Primary and Secondary code and place an “X” on the category that applies*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Primary NAICS Code:** | |  | **Secondary NAICS Code:** | |  |
|  | Large Business | |  | Large Business | |
|  | Small Business | |  | Small Business | |
|  | Small Disadvantaged Business | |  | Small Disadvantaged Business | |
|  | Small Business - Woman-Owned Business | |  | Small Business - Woman-Owned Business | |
|  | Small Business - HUB Zone Representation | |  | Small Business - HUB Zone Representation | |
|  | Small Business - Veteran-Owned Small Business | |  | Small Business - Veteran-Owned Small Business | |
|  | Small Business - Service Disable Veteran Owned | |  | Small Business - Service Disable Veteran Owned | |

**Quality Management**

|  |  |  |
| --- | --- | --- |
| To what recognized quality standard is your company certified? | | |
| **APPROVAL** | **Y/N** | **AUDIT AGENCY /REGISTRY** |
| ISO 9001:2000 | YES  NO |  |
| ISO 9002 | YES  NO |  |
| AS 9000 | YES  NO |  |
| AS 9100 | YES  NO |  |
| MIL-I-45208 | YES  NO |  |
| MIL-Q-9858 A | YES  NO |  |
| MIL-STD-45208 | YES  NO |  |
| EB2678 REV. H | YES  NO |  |
| Other (Specify): | YES  NO |  |

**Commodity Management**

Please select all Commodities you provide:

|  |  |
| --- | --- |
| Actuators | Lumber |
| Adhesives | Medical Equipment |
| Castings | Motors |
| Coaming | Oil, Lubricant, Grease |
| Complex Machinery | Other Plate & Shapes |
| Condensers | Paint |
| Electrical Components | Pipe |
| Elevators | Pipe Fittings |
| Fabrication | Pumps |
| Fasteners | Rubber/Gaskets |
| Filters | Safety |
| Forgings | Steel Plate & Shapes |
| Furniture | Strainers |
| Hardware | Tools |
| Heating and Cooling | Valves |
| Hoists | Ventilation |
| Hose & Hose Fittings | Wire |
| Insulation | Services (please list) |
| Other: | |