|  |
| --- |
| **SECTION A – Requester Information (To be completed by the NNS BUYER)** |
| BUYER NAME      | BUYER TELEPHONE NO.      | BUYER EMAIL ADDRESS      |
| VENDOR NAME      | VENDOR ADDRESS      | NNS RFQ NUMBER       |

**NNS BUYERS – SUBMIT COMPLETED FORMS TO** **NNSICO@HII-NNS.COM** **FOR REVIEW**

**SECTION B – Material Details (To be completed by the VENDOR)**

|  |
| --- |
| Upon award, will this procurement generate an import of materials, goods, or end items into the United States exclusively for Newport News Shipbuilding?[ ]  YES [ ]  NO If yes, complete the remainder of the form and return to your Supply Chain POC identified in Section A.If no, please complete Section D, and return to your Supply Chain POC identified in Section A. |
| 1. PART NO.

      | DESCRIPTION OF GOODS      | HTSUS CLASSIFICATION      |
| MANUFACTURER NAME      | MANUFACTURER CONTACT INFO       | COUNTRY OF ORIGIN OF ITEM      |
| 1. PART NO.

      | DESCRIPTION OF GOODS      | HTSUS CLASSIFICATION      |
| MANUFACTURER NAME      | MANUFACTURER CONTACT INFO       | COUNTRY OF ORIGIN OF ITEM      |
| 1. PART NO.

      | DESCRIPTION OF GOODS      | HTSUS CLASSIFICATION      |
| MANUFACTURER NAME      | MANUFACTURER CONTACT INFO       | COUNTRY OF ORIGIN OF ITEM      |
| 1. PART NO.

      | DESCRIPTION OF GOODS      | HTSUS CLASSIFICATION      |
| MANUFACTURER NAME      | MANUFACTURER CONTACT INFO       | COUNTRY OF ORIGIN OF ITEM      |
| 1. PART NO.

      | DESCRIPTION OF GOODS      | HTSUS CLASSIFICATION      |
| MANUFACTURER NAME      | MANUFACTURER CONTACT INFO       | COUNTRY OF ORIGIN OF ITEM      |

**NOTE: PLEASE USE ADDITIONAL PAGES AS NEEDED TO PROVIDE INFORMATION FOR ALL PARTS**

**SECTION C – Import Details (To be completed by the VENDOR)**

|  |  |  |
| --- | --- | --- |
| 1. Does your quote include duty associated with importing the material into the United States?
 | **[ ]**  YES | **[ ]**  NO |
| 1. Will you / your lower-tier subcontractor be requesting duty-free entitlement through NNS?
 | **[ ]**  YES | **[ ]**  NO |
| If Yes, list the Prime Contract Number.      If No, please explain.       |  |  |
| 1. Will you use a Free Trade Agreement for this procurement?
 | **[ ]**  YES | **[ ]**  NO |
| If YES, which one?       |
| 1. Who is the Importer of Record (IOR)?

|  |  |
| --- | --- |
| Company Name: |       |
| Company Address: |       |

 |
| 1. Please provide the name, address and email address of the applicable Customs Broker:

|  |  |
| --- | --- |
| Broker Name: |       |
| Broker Address: |       |
| Broker Email: |       |

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**SECTION D – Vendor Signature**

|  |  |  |
| --- | --- | --- |
| VENDOR REPRESENTATIVE NAME & TITLE      | SIGNATURE | DATE      |

**SECTION E - International Compliance Office (ICO) Review**

|  |
| --- |
| Complete all that are applicable |
| [ ]  C-910 Required | Listed parts have import duties associated [ ]  **YES** [ ]  **NO**  |
| [ ]  DCMA | [ ]  Form C-919 Required | [ ]  USMCA | [ ]  OTHER |
| Foreign-sourced checklist required upon PO award [ ]  YES [ ]  NO  | Buyer is required to include NNS Shipping Instructions with PO if awarded [ ]  YES [ ]  NO  | NNS REFERENCE NUMBER      |
|  |
| INTERNATIONAL COMPLIANCE OFFICE ANALYSIS AND NOTES      |
| ICO REVIEWER NAME      | SIGNATURE | DATE      |

**UPON COMPLETION OF REVIEW, NNS ICO WILL FORWARD THIS FORM TO THE SUPPLY CHAIN POC IDENTIFIED IN SECTION A FOR RETENTION.**

**SECTION B – Continuation**

|  |  |  |
| --- | --- | --- |
| 1. PART NO.

      | DESCRIPTION OF GOODS      | HTSUS CLASSIFICATION      |
| MANUFACTURER NAME      | MANUFACTURER CONTACT INFO       | COUNTRY OF ORIGIN OF ITEM      |
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      | DESCRIPTION OF GOODS      | HTSUS CLASSIFICATION      |
| MANUFACTURER NAME      | MANUFACTURER CONTACT INFO       | COUNTRY OF ORIGIN OF ITEM      |