

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Remit to (if different): |  |
| Address: |  |
|  |  |
| Phone: |  | FAX |  | E-Mail: |  |

Size (check all that apply):

Large Veteran-Owned Small Business

Small Service Disabled Veteran-Owned SB Small Disadvantaged (Attach SBA Certificate) Woman Owned

8(a) Status HUB Zone

Historically Black College/University or Minority Institution

|  |  |
| --- | --- |
| Primary Standard Industrial Classification (SIC) and NAICS code & corresponding size standard: |  |

(Title 48, Part 19, of the Federal Acquisitions Regulations provides SIC Codes and definitions of small and minority business concerns) & FAR 52.219-9€(7)

Is your company a division of a parent company? Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| If yes, name of parent: |  | Country: |  |
| Approximate number of employees: |  | Approximate number of Production employees: |  |
| Approximate annual revenue |  | Approximate number of QA employees: |  |
| Primary business: |  |

Are you a Manufacturer? Yes No

|  |  |
| --- | --- |
| If yes, list locations(s) of manufacturing facilities |  |

Are you a Distributor? Yes No

If yes, do you repackage or provide Value Added Service? Yes No

|  |  |
| --- | --- |
| Beginning of your fiscal year? |  |

Quality, Environmental, and Safety Management Systems (check those registered to & provide certificates for each):

|  |  |
| --- | --- |
| CMMI Level |  |

ISO9001 AS9100 ISO 14001

|  |  |
| --- | --- |
| Other (Specify): |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| QA Mgr. Name: |  | Phone: |  | E-Mail: |  |
| Terms: |  |
| FOB Point: |  |

**I certify that the above information is correct to the best of my knowledge.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Signature: |  | Date: |  |
| Title: |  |
|  |  |

***Penalties for Misrepresentation*** of business status as small, veteran-owned small business, HUBZone small, small disadvantaged, or women-owned small business for the purpose of obtaining a subcontract that is to be included as part or all of a goal contained in the Contractor’s subcontracting plan. FAR 52.219-9(e)(5) penalties include: 1. ***Suspension or debarment; 2. Civil Penalties ; and 3. Criminal Penalties***

**THALES USE ONLY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Supplier Group: |  | Commodity |  | Business Unit: |  |
| Lead Buyer: |  | Date |  |
| Procurement Quality Engineer  |  | Date |  |

APPROVE  DISAPPROVE 

Comments:

**Revision History**

|  |  |  |
| --- | --- | --- |
| **Rev.** | **Author** | **Change Description** |
| 2 | C. Love | Initial release using revision history.Changed company name to Thales Defense & Security, Inc. (TDSI).General revision of the form content. |
| 3 | C. Love | Minor revision to be more in line with AS9100 |
| 4 | B. Vaughan | Updated the approving authority for purchasing to the Lead Buyer |
| 5 | B. Vaughan | Added penalties for misrepresentation  |
| 6 | B. Vaughan | Added the requirement for NAICS code & corresponding size standard.  |
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