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| **New Supplier Profile Questionnaire** |
| Supplier Name |
|  |
| Federal Tax ID | Foreign Company | YES [ ]  | NAICS Code |
|   |   | NO [ ]  |  |
| SSN | 1099 Required | YES [ ]  | DUNS NO. |
|   |   | NO [ ]  |  |
| Commodities / Services  | Cage Code |
|   |  |
| Joint Certification Program (JCP) No: | Joint Certification Program (JCP) Expiration Date | SAM.gov Expiration Date |
|  |  |  |
| Primary Contact | Business Type |
|   | Manufacturer |[ ]  Service |[ ]
| Company Email | Distributor |[ ]  Manufacturer/Distributor |[ ]
|   | Material |
| Year Established | Number of Employees | Last year Sales | Material | YES [ ]  | Non Material | YES [ ]  |
|  |   |   |  |  |   |  | NO [ ]  |  | NO [ ]  |
| Principal Owners |
|   |
| Ethnicity of Principals |
| African American  |[ ]  Asian-Pacific American |[ ]  Native American |[ ]
| Hispanic American |[ ]  Subcontinent American |[ ]  N/A |[ ]
| Supplier is: |
|[ ]  Independent |   |
|[ ]  A Division of: |   |
|[ ]  An Affiliate of: |   |
|[ ]  A Subsidiary of: |  |
| Sale Contact | Phone | Fax | Email |
|  |  |  |  |
| QA Contact | Phone | Fax | Email |
|  |  |  |  |
| **Supplier Correspondence Information** |
| Company Name |
|   |
| Company Email | Telephone | Fax |
|   |   |   |
| Company Address |
|   |
| City/Town | State | Zip Code | Country |
|   |   |   |   |
| **Business Classification (Check All That Apply)** |
|[ ]  Large Business |
|[ ]  Small Business (See page 2 for definitions and helpful websites) |
| **Small Business Subcategories (Check All That Apply)** |
|[ ]  Certified Small Disadvantaged Supplier |[ ]  Veteran Owned Small Business |
|[ ]  Small Disadvantaged Supplier  |[ ]  Service Disabled Veteran Owned Small Business |
|[ ]  Woman Owned Small Business |[ ]  HBCU/MI (Historically African American College or University/Minority Institution) |
|[ ]  HUB-Zone Small Business |[ ]  NIB/NISH (Nation Institute of Blind/National Institute of the Severely Handicapped) |
| **Supplier Remittance (payment will be forwarded to this address)** |
| Company Name |
|   |
| Accounts Payable Email | Telephone | Fax |
|   |   |   |
| PO Box/Address |
|   |
| City/Town | State | Zip Code | Country |
|   |   |   |   |
| The undersigned certifies that the above -named company maintains a business classification as indicated and that such classification is in accordance with all regulatory requirements relating hereto. Further, it is understood and agreed that misrepresentation of the business classification is subject to penalties as described in FAR 52.219-1. NOTE: It is unlawful to misrepresent a firm as a Small Business, under 15 U.S. Code § 645(d), any person who misrepresents a firm's status as a small, small disadvantaged, veteran owned, disabled veteran owned or woman owned small business in order to obtain a contract to be awarded under the preference program established pursuant to section 8(a), 8(b), 9 or 15 of the Small business act or any other provision of the Federal law that specifically references section 8(d) for a definition of program eligibility, shall be punished by imposition of fine, imprisonment, or both; (ii) Be subject to administrative remedies, including suspension and debarment; and (iii) Be ineligible for participation in programs conduct under the authority of the Act. |
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|  |
|  |
| Printed Name of Official | Printed Title of Official |
|  |  |
|  |  |
| Signature of Certifying Official | Date |
|   |  |
|  |  |
|  |  |
|  |  |
| Ultra Electronics Ocean Systems - Internal Use Only |
| Requested By | Date | Director of Finance Signature | Date |
|   |   |   |   |
| Add New Supplier |[ ]  Payment Terms |

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| Supplier is Required for Current Buy |[ ]  Delivery Terms |  |