

## Supplier Questionnaire

### 1. GENERAL INFORMATION

Legal Name: \_\_\_\_\_

DUNS: \_\_\_\_\_ CAGE: \_\_\_\_\_

Taxpayer Identification Number (TIN): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

	Technical POC	Contracts POC	Pricing POC
<b>Name:</b>			
<b>Telephone:</b>			
<b>Email:</b>			

### 2. BUSINESS INFORMATION

Type of Business

Corporation    Limited Liability Company    Other: \_\_\_\_\_

State of Organization: \_\_\_\_\_

Individual    Joint Venture    Non-Profit

Foreign-Owned    Country of Registration: \_\_\_\_\_

Primary NAICS Code(s): \_\_\_\_\_

Business Size:

Large Business    Small Business

If you certified as a Small Business, please check ALL categories that apply:

Small Disadvantaged Business (SDB)\*

8(a) \*

Woman-Owned Small Business (WOSB)

Veteran-Owned Small Business (VOSB)

Service-Disabled VOSB

HUBZone Small Business\*

\* Firms certifying as 8(a), SDB, and /or HUBZone Small Business must be certified by the Small Business Administration.

**3. BUSINESS SYSTEMS**

Accounting System: Do you have a Government-approved accounting system? \_\_\_\_\_

Approving Agency: \_\_\_\_\_

Date system was determined acceptable: \_\_\_\_\_

Estimating System: Do you have a Government-approved estimating system? \_\_\_\_\_

Approving Agency: \_\_\_\_\_

Date system was determined acceptable: \_\_\_\_\_

Property System: Do you have a Government-approved property system? \_\_\_\_\_

Approving Agency: \_\_\_\_\_

Date system was determined acceptable: \_\_\_\_\_

Purchasing System: Do you have a government approved purchasing system? \_\_\_\_\_

Approving Agency: \_\_\_\_\_

Date system was determined acceptable: \_\_\_\_\_

**4. COGNIZANT GOVERNMENT AGENCY POINTS OF CONTACT:**

**Defense Contract Audit Agency**

**Defense Contract Management Agency**

Branch: \_\_\_\_\_

Branch: \_\_\_\_\_

POC Name: \_\_\_\_\_

POC Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**5. SECURITY:**

Does your company have a facility clearance? \_\_\_\_\_

If yes, please provide the following:

Date of Approval: \_\_\_\_\_

Facility Security Officer:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Level of Clearance Facility Clearance: \_\_\_\_\_

Is your company approved for classified storage? \_\_\_\_\_

Level: \_\_\_\_\_

**I hereby certify that all information on this form is accurate as of the date signed.**

**Signature:** \_\_\_\_\_

**Name/Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_