



SUPPLIER QUESTIONNAIRE

IDENTIFICATION

	SUPPLIER	PARENT COMPANY (if applicable)
Supplier Legal Entity Name:		
DBA (if applicable):		
Address:		
Unique Entity Identifier (UEI) #:		
Cage Code:		

SUPPLIER GENERAL INFORMATION

Website:		
Size/Status in Primary NAICS: <i>(Check all that apply)</i>	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Service-Disabled Veteran Owned <input type="checkbox"/> Woman-Owned	<input type="checkbox"/> HUBZone <input type="checkbox"/> Veteran-Owned <input type="checkbox"/> Alaskan Native / Indian Tribe <input type="checkbox"/> Small Disadvantaged
Business Type:	<input type="checkbox"/> Corporation incorporated under the laws of the state of ____ <input type="checkbox"/> Individual or Sole Proprietor <input type="checkbox"/> For Profit Educational Institute <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Federally Funded Research & Development Center	<input type="checkbox"/> Non-profit educational Institute <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture (JV) <input type="checkbox"/> Other ____
Year Established:		
Number of Employees		
Primary NAICS:		
Secondary NAICS:		

SUPPLIER CAPABILITIES SUMMARY:



SUPPLIER QUESTIONNAIRE

FACILITIES

(If your company has more than 8 facilities, please give preference to those locations near Navy Installations NAVAIR, NAVSEA, NSWC Crane, NSWC Port Hueneme, NUWC Newport, and other NSWC locations)

Location (City, State/Province)	Type (Office / Warehouse)	Facility Security Clearance Level

CERTIFICATIONS and APPROVALS

Accounting System	<input type="checkbox"/> Approved, Date ____ Approving Organization ____	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Not Reviewed
Property Management System	<input type="checkbox"/> Approved, Date ____ Approving Organization ____	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Not Reviewed
Estimating System	<input type="checkbox"/> Approved, Date ____ Approving Organization ____	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Not Reviewed
Earned Value Management System	<input type="checkbox"/> Approved, Date ____ Approving Organization ____	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Not Reviewed
Certifications <i>(Check all that are currently active)</i>	<input type="checkbox"/> ISO 9001:2015 <input type="checkbox"/> ISO/IEEE 12207-2008 <input type="checkbox"/> ISO 27001:2013 <input type="checkbox"/> ISO/IEC 20000-1:2011 <input type="checkbox"/> AS9100D Aerospace QMS <input type="checkbox"/> AS9110C <input type="checkbox"/> AS9100:2000 Aerospace Quality Assurance	<input type="checkbox"/> DoD 8570 CSWF Baseline Certifications <input type="checkbox"/> CMMI Level 3 <input type="checkbox"/> CMMI Level 2 <input type="checkbox"/> CMMI Level 1	

SUPPLIER POINT OF CONTACT

	PRIMARY	SECONDARY
Point of Contact Name:		
Point of Contact Title:		
Point of Contact Phone		
Point of Contact Email:		