

**L-3 COMMUNICATIONS**

**SUPPLIER QUALIFICATION FORM**

<b>General Information: To be completed by Supplier (please print or type)</b>			
Supplier Name _____		Address _____	
		City _____	State _____ Zip _____ Country _____
Phone # _____ Fax # _____		Company Website: _____	SIC Code _____
<b>Product Offered</b> _____ <input type="checkbox"/> Catalog <input type="checkbox"/> Custom		FSCM/CAGE Code _____	NAICS Code _____ for Product(s) being delivered
<b>Company Type:</b> <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Service Provider <input type="checkbox"/> Other: _____			
<b>Supplier certifies (Check all that apply):</b>		Number of employees _____	
<input type="checkbox"/> A Small Business Concern		<input type="checkbox"/> Woman Owned Small Business	
<input type="checkbox"/> A SBA Certified Small Disadvantaged Business		<input type="checkbox"/> Hub-Zone Small Business-SBA certified	
<input type="checkbox"/> A Veteran Owned Small Business Owned		<input type="checkbox"/> Service-Disabled Veteran-	
<input type="checkbox"/> HBCU /Minority Institutions		<input type="checkbox"/> Native American	
<input type="checkbox"/> Foreign		<input type="checkbox"/> Large	
<input type="checkbox"/> Other			
BUSINESS: (Classification/Size) Under 15 U.S.C. 645(d) any person who misrepresents its size status shall (1) be punished by a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.		Major Customers/References _____ Debarred or ineligible for contracts by any Federal Agency <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Person Completing Evaluation:</b>		<b>Quality Assurance Representative:</b>	
Name _____		Name _____	
Signature _____ Title _____		Phone _____	
E-mail Address _____		E-mail Address _____	

<b>Quality System Information: To be completed by Supplier</b>		L-3 Communications (817)619-2000
<b>Select quality system which best describes current use (For questions, please contact Cynthia Oxley at x4072 or Ernie Biacsi : x3874)</b>		
<input type="checkbox"/> COMMERCIAL		
<input type="checkbox"/> DOCUMENTED INSPECTION SYSTEM		
<input type="checkbox"/> ISO 9001 CERTIFIED (Registrar _____ Expiration Date _____)(Attach Copy)		
<input type="checkbox"/> ISO 9001 COMPLIANT (No 3 <sup>rd</sup> party certification)		
<input type="checkbox"/> AS 9100 CERTIFIED (Registrar _____ Expiration Date _____)(Attach Copy)		
<input type="checkbox"/> SEI CMMI LEVEL _____ Assessment Date _____ Assessor _____		
<input type="checkbox"/> Calibration System (Calibration Laboratory Only):		
<input type="checkbox"/> ANSI/NCSL Z540-1-1994 <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> ISO 17025 Certified (Calibration Laboratory Only) (Registrar _____ Expiration Date _____)(Attach Copy)		
<b>Supplier has written procedures / standards / work instructions for:</b>		
<input type="checkbox"/> Mfg Shop Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Workmanship Standards Used _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> QA / Inspection Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Engineering Development / Design Processes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> H/W <input type="checkbox"/> Electrical <input type="checkbox"/> S/W		
<input type="checkbox"/> Procurement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Material Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Equipment Calibration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Final Acceptance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Special Processes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> ESD Standards Used _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Records Storage: Type _____ Retention Period _____ How/where are records kept? _____		

<b>L-3 Communications Use Only</b>	
SUPPLIER ON-SITE QA SURVEY REQUIRED (In addition to SQF) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Comments:</b>	<b>SUPPLIER STATUS</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (On Hold)
	<b>Type Level</b> _____
	<b>Approved through</b> _____
Vendor Code # _____	
Approved by: Procurement _____ Date _____	Approved by: Quality Assurance _____ Date _____