

**L-3 COMMUNICATIONS CORPORATION**  
**Link Simulation & Training Division**  
**SUPPLIER QUALIFICATION FORM**

<b>General Information: To be completed by Supplier (please print or type)</b>			
Company Name:		CAGE Code:	
Physical Address:		Tax ID Number	
City:		DUNS Number:	
State:	Postal Code:	Country:	NAICS Code for Product(s) To Be Delivered:
Telephone:		Fax:	SIC Code:
Website Address:			
Product Offered: <input type="checkbox"/> Catalog <input type="checkbox"/> Custom			

**Identification of Business Type:**

**Original Component Manufacturer (OCM)** – An organization that designs and/or engineers a part and is pursuing or has obtained the intellectual property rights to that part.

**Original Equipment Manufacturer (OEM)** –An organization that designs and/or engineers equipment and is pursuing or has obtained the intellectual property rights to that equipment. This term is synonymous with OCM

**Franchised Distributor** – A distributor with whom the OCM has a contractual agreement to buy, stock, repackage, sell and distribute its product lines. Franchised distributors normally offer the product for sale with full manufacturer’s warranty. Franchising contracts may include clauses that provide for the OCM’s marketing and technical support, failure analysis and corrective action, and exclusivity of inventory.

**Independent Distributor** – A distributor that purchases parts with the intention to resell them. Independent Distributors may be franchised for select, but not all, product lines. For purposes of counterfeit risk mitigation, a distributor is considered independent when not franchised for the item to be procured.

**Other-** (Specify)

**Identify Business Classification (Check all that apply):**

<input type="checkbox"/> A Small Business Concern	<input type="checkbox"/> Woman Owned Small Business	Number of employees: _____	
<input type="checkbox"/> A Small Disadvantaged Business	<input type="checkbox"/> SBA Certified Small Hub-Zone Concern (Copy of SBA certification required)		Major Customers/References: _____
<input type="checkbox"/> A Veteran Owned Small Business	<input type="checkbox"/> HBCU /Minority Institution		
<input type="checkbox"/> Service-Disabled Veteran-Owned Business	<input type="checkbox"/> Native American Owned Concern		
<input type="checkbox"/> Large Business Concern	<input type="checkbox"/> Foreign Business Concern		
<input type="checkbox"/> Other (Specify) _____			

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.

Debarred or ineligible for contracts by any Federal Agency  YES  NO

<b>Authorized Signature:</b> Name _____ Date _____ Signature _____ Title _____ E-mail Address _____	<b>Quality Assurance Representative:</b> Name _____ Date _____ Phone _____ E-mail Address _____
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**Quality System Information:**  
**To be completed by Supplier - (For questions, please contact Cynthia Oxley at 817-619-4072 or Ernie Biacsi : 817-619-3874)**

Select quality system which best describes company quality structure

COMMERCIAL

Documented Inspection System:

ISO 9001 COMPLIANT (No Third Party Certification)

ISO 9001 CERTIFIED(Registrar \_\_\_\_\_ Expiration Date \_\_\_\_\_)(Attach Copy)

CERTIFIED (Registrar \_\_\_\_\_ Expiration Date \_\_\_\_\_)(Attach Copy)

SEI CMMI LEVEL \_\_\_\_\_ Assessment Date \_\_\_\_\_ Assessor \_\_\_\_\_

Calibration System (Applicable to Calibration Laboratories Only):

ANSI/NCSL Z540-1-1994  Yes  No

ISO 17025 Certified  Yes  No (Registrar \_\_\_\_\_ Expiration Date \_\_\_\_\_)(Attach Copy)

**Supplier has written procedures / standards / work instructions available for review for:**

<input type="checkbox"/> Mfg Shop Control	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Material 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"/> Equipment Calibration	<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"/> Final Acceptance	<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"/> Special 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"/> Records Storage: Type _____ Retention Period _____	
<input type="checkbox"/> Procurement	<input type="checkbox"/> Yes <input type="checkbox"/> No	How/where are records kept? _____	

<b>L-3 Communications Use Only</b>	SITE SURVEY REQUIRED <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>Acquisition Type:</b>
	<b>Expiration Date:</b>
	<b>Vendor Code:</b>
Procurement Representative _____ Date _____	Approved by: Quality Assurance _____ Date _____