

CONFIDENTIAL

Date: _____

A) Contact Information

Company Name: _____

Primary Contact: _____

Street Address: _____

City, State, ZIP Code: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Company Web Site Address: _____

FEIN Number: _____

B) Organization Information

Type of Organization _____

The year your organization was founded: _____

The year your organization was founded under its present business name: _____

List other or former names under which your organization has operated: _____

If your organization is a corporation, answer the following:

Date of incorporation: _____ State of incorporation: _____

President/CEO/Owner/Principle: _____

C) Organization Classification Type

Please classify your company business type:

OEM/Manufacturing

Distributor

Manufacturer's Representative

Pipe/Steel Fabricator

General Industrial Supplies

Please indicate if your company is: Union Merit Shop N/A

If your company is union, list to which unions you are signatory:

D) Quality

1. Is your company a registered ISO 9001:2015 certificate holder? Yes No
If yes, please attach valid ISO certificate.

2. A copy of your Quality Manual and/or Project Specific Quality Plan must be available for review upon award of contract and prior to starting work.

	YES	NO
Quality Control System Manual	<input type="checkbox"/>	<input type="checkbox"/>

3. List any certifications (e.g. AISC) or certificates of authority (e.g. ASME) your company has attained, including jurisdictional licenses (please attach copies of your current certifications and licenses).
