

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

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: _____ Vice President: _____

Secretary: _____ Treasurer: _____

If your organization is a partnership, answer the following:

Date of organization: _____ Type of Partnership: _____

Name(s) of general partners: _____

If your organization is individually owned, answer the following:

Date of organization: _____ Owner: _____

If your organization is a Disadvantaged Business, list any designations that apply (please attach a copy of certificate):

Designation	Agency Issuing Certificate	Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____

C) Organization Classification Type

Please classify your company business type:

- OEM/Manufacturing Distributor
 Manufacturer's Representative Pipe/Steel Fabricator
 General Industrial Supplies

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

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

If your company is union, list to which agreements you are signatory (e.g., NMA):

D) Quality

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

2. Indicate which of the following are documented processes within your overall qualify program. 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		YES	NO
Quality Control System Manual	<input type="checkbox"/>	<input type="checkbox"/>	Welder Qualification Process	<input type="checkbox"/>	<input type="checkbox"/>
Project Specific Quality Plan	<input type="checkbox"/>	<input type="checkbox"/>	NDT	<input type="checkbox"/>	<input type="checkbox"/>
Foreman Quality Training	<input type="checkbox"/>	<input type="checkbox"/>	PWHT	<input type="checkbox"/>	<input type="checkbox"/>
Inspection and Test Plans	<input type="checkbox"/>	<input type="checkbox"/>	Nonconformance Reporting	<input type="checkbox"/>	<input type="checkbox"/>
Document Management	<input type="checkbox"/>	<input type="checkbox"/>	Measurement and Test Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	Audits/Assessments	<input type="checkbox"/>	<input type="checkbox"/>
Materials Management	<input type="checkbox"/>	<input type="checkbox"/>	Corrective/Preventive Actions	<input type="checkbox"/>	<input type="checkbox"/>

3. Please attach the following pages from your Quality Manual:

- a. Table of Contents
- b. Policy Statement
- c. Page showing Quality Manager and Authorized Inspection Agency Signatures

4. 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).

Please return completed form to:

Graycor Industrial Constructors Inc.
Two Mid America Plaza, Suite 400
Oakbrook Terrace, IL 60181

Attention: Colleen Ceh
Fax: (630) 684-7120
Or e-mail: colleen_ceh@graycor.com