

L-3 COMMUNICATIONS CORPORATION
Link Simulation & Training Division
SUPPLIER QUALIFICATION FORM (SQF)

General Information: To be completed by Supplier (please print or type)			
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:	
Website Address:			

Product Offered: Catalog Off The Shelf (COTS) Products as defined by FAR 2.101 Contract Labor

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-** (Please Specify) _____

Identify Business Classification (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> A Small Business Concern | <input type="checkbox"/> Woman Owned Small Business |
| <input type="checkbox"/> A Small Disadvantaged Business | <input type="checkbox"/> SBA Certified Small Hub-Zone Concern
(Copy of SBA certification required) |
| <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) _____ | |

Number of employees:

Major Customers/References:

Debarred or ineligible for contracts by any Federal Agency YES NO

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.

Authorized Signature:

Printed Name _____
Signature _____
Title _____
Date _____
E-mail Address _____

L-3 Communications Use Only

Notes & Comments:

SUPPLIER STATUS
APPROVED FOR ACQUISITION TYPE:

- Type 1 Type 6
 DISAPPROVED (On Hold)

Expiration Date:

Vendor Code:

Procurement Representative _____ Date _____

Approved by Compliance: _____ Date _____