

Supplier Initial Review

BUSINESS NAME:				CONTACT NAME:	
DBA: (if different from above)					
ADDRESS:					
CITY, STATE, ZIP:					
REMIT TO: (if different)					
CITY, STATE, ZIP:					
PHONE:		FAX:			
E-MAIL:					
TAX ID NUMBER (TIN): (as req'd on Form W-9)			OR: If Individual or Partnership SOCIAL SECURITY No.		
Dunn & Bradstreet Number / D-U-N-S					
Check appropriate box:	<input type="checkbox"/> Individual/ Sole proprietor	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	<input type="checkbox"/> Other _____	<input type="checkbox"/> Exempt from backup withholding	

FCI Nuclear	Manufacturer	Processor	Distributor	Calibration House*	Testing House
10CFR50 Part B	1) FCI Nuclear Audit or ASME N Accredited.	1) FCI Nuclear Audit or ASME N Accredited.	Use below	Use below.	1) ASME N Accreditation or Acceptable FCI Audit.
Commercial Grade Dedicated(CGD) per 06QA000014	1) ISO or AS Accredited or FCI Surveyed or FCI Audited as required per 06QA000014. 2) Raw materials Certificate from the manufacture and each supplier with custody of the part. Certs per EN10204 Type 3.1	1) Survey or Audited as required per 06QA000014. a) CB Assembly - IPC J-STD-001 or IPC A-610 certified or qualified personnel.	1) Provide full traceability certs from each company with custody of the material or part. 2) Raw certified material test reports per EN10204 type 3.1	1) 17025 Accreditation or Acceptable FCI Survey.	1) 17025 Accreditation or Acceptable FCI Survey or FCI Audit.
Non-Safety	1) ISO or AS Accredited or FCI Surveyed or FCI Audited. 2) Wetted Metal Components to include Raw material certificates per EN10204 type 3.1	1) ISO or AS or NADCAP Accredited or Surveyed or Audited. a) CB Assembly - AS9100 with IPC J-STD-001 or IPC A-610 certified or qualified personnel.	1) Certification required for parts. 2) Raw certified material test reports per EN10204 type 3.1	1) 17025 Accreditation or Acceptable FCI Survey.	1) 17025 Accreditation or NADCAP Accreditation or Acceptable FCI Survey or FCI Audit.

FCI Aerospace	Manufacturer	Processor	Distributor	Calibration House*	Testing House
	1) AS9100 Certified. 2) For FCI Designed Parts. Raw materials Certificate from the manufacture and each supplier with custody of the part.	1) NADCAP Accredited a) CB Assembly - AS9100 with IPC J-STD-001 or IPC A-610 certified or qualified personnel.	1) AS9100 or AS9120 Accreditation or Authorized distributor of the OEM or AAM. 2) Must be able to provide Full Traceability	1) 17025 Accreditation or Acceptable FCI Survey	1) NADCAP Accredited or ISO 17025 or Acceptable FCI Survey or FCI Audit

Industrial	Manufacturer	Processor	Distributor	Calibration House*	Testing House
	1) ISO or AS Accredited or FCI Surveyed or FCI Audited. 2) Wetted Metal Components to include Raw material certificates per EN10204 type 3.1	1) ISO or AS or NADCAP Accredited or FCI Surveyed or FCI Audited. *) CB Assembly - AS9100 with IPC J-STD-001 or IPC A-610 certified or qualified personnel.	1) Certification required for parts. 2) Raw certified material test reports per EN10204 type 3.1	1) 17025 Accreditation or Acceptable FCI Survey.	1) 17025 Accreditation or NADCAP Accreditation or Acceptable FCI Survey or FCI Audit.

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06QA000014 questions should be requested from the buyer and directed to QA.

All potential Suppliers will get a GIDEP Review adding to the Risk matrix.

*All Calibration houses are to get CGD per 06QA000014

Business size Classification (Check ALL that apply):

Please refer to www.sba.gov for classifications defining

- Small Business (SB)
- Woman-Owned Small Business (WOSB)
- Historically Black College or University (HBCU)
- Veteran-Owned Small Business (VOSB)
- Service-Disabled Veteran-Owned (SDVOSB)
- Institution (MI)
- Large Business (LB)
- Government Agency (GA)
- Foreign Business (FB)
- Educational Institution (EI)

Copy of SBA certification is REQUIRED if classified as:

- Small Disadvantaged Business (SDB)
- SBA's SDB 8a Program
- Historically Underutilized Business Zone (Hub Zone)

Notice: Under 13 CFR 124.6, any person or entity that intentionally misrepresents the business size or status of any concern to obtain contracting opportunities to be awarded pursuant to Sections 8(a), 8(c), 9 and/or 15 of the Small Business Act shall be subject to fine, imprisonment, or both, administrative remedies, suspension and debarment, and ineligibility for any participation in any Federal program.

EQUAL OPPORTUNITY (FAR 52.222-26)

The Supplier represents that it is is not in agreement with the subject clause and Executive Order 11246, as amended, and the rules, regulations and Orders of the Secretary of Labor pertaining to Equal Opportunity.

AFFIRMATIVE ACTION FOR SERVICE DISABLED AND VIETNAM ERA VETERANS (FAR 52.222-35)

The Supplier certifies that it complies does not comply with applicable affirmative action and labor laws pertaining to the employment of Disabled and Vietnam Era Veterans.

AFFIRMATIVE ACTION FOR HANDICAPPED WORKERS (FAR 52.222-36)

The Supplier certifies that it complies does not comply with Executive Order 11758 Authority under Rehabilitation Act of 1973, as amended, regarding employment of qualified handicapped persons.

EMPLOYMENT REPORTS ON DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA (FAR 52.222-37)

The Supplier certifies that it complies does not comply with special reporting requirements pertaining to Employment Reports on Disabled Veterans of the Vietnam Era.

Quality System (Check ALL that apply):

Please include PDF for applicable certifications):

- ISO-9000
- AS-9100 Aerospace
- AS-9120 Aerospace Distributor
- ASME NQA-1 Nuclear
- NADCAP AC7004
- ISO/IEC 17025

Special Processors & Laboratories:

- NADCAP (FCI Survey required for nuclear applications)

Calibration:

Requires ISO17025

Nuclear Qualified Product: (FCI Audit required)

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For Scope of Approval please list type of services, processes, products, or commodities your company provides:

<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Distributor	
<input type="checkbox"/>	Service Provider	
<input type="checkbox"/>	Fabricator (QA Approval Req'd on Non-COTS items)	
<input type="checkbox"/>	Manufacturer	
<input type="checkbox"/>	Contract Manufacturer (EMS)	
<input type="checkbox"/>	Other	

Should there be any changes whatsoever I will inform FCI immediately. If a Business Size Classification change occurs I will submit new Representations and Certifications. If Business is certified by SBA I have attached a copy of the certification.

I have read and agree to FCI's Terms and Conditions of Purchase which is available on-line at <https://www.fluidcomponents.com> and understand that all purchase orders received from FCI will be subject to these terms and conditions.

Taxpayer Identification Number (TIN) Certification: Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (For further information please refer to the Dept of the Treasury Internal Revenue Service FORM **W-9**).

By completing and signing this form, I certify that the information given in these Representations and Certifications are current, complete, and accurate as of the date signed.

PRINT NAME: _____ **TITLE:** _____
SIGNATURE: _____ **DATE:** _____

Return Completed Form by email to : *the FCI buyer*

Or: purchasing@fluidcomponents.com

THE BOX BELOW IS FOR FCI INTERNAL USE ONLY

Buyer: _____ <i>Signature & Date</i>	Type of Supplier
General Accounting Manager or Designee: _____ <i>Signature & Date</i>	QMS Review
QA Manager or Designee: _____ <i>Signature & Date</i>	GIDEP Review
Purchasing or Materials Manager: _____ <i>Signature & Date</i>	