QUALIFIED SUPPLIER'S LIST APPLICATION

QSLD/QSLM CATEGORY (FIBER ROPE,CORDAGE, TWINE, AND TAPE)	1. TYPE OF APPLICATION (CHECK ALL THAT APPLY) ☐ QSLM ☐ QSLD ☐ REVISION ☐ INITIAL ☐ REAPPLICATION	2. DATE

NOTE: COMPLETE ALL ITEMS. INSERT N/A IN ITEMS NOT APPLICABLE. SEE REVERSE FOR APPLICABLE DEFINITIONS.

PUBLIC REPORTING BURDEN FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 1.0 HOURS PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE DATA NEEDED, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THIS BURDEN, TO THE FAR SECRETARIAT (VRS), OFFICE OF FEDERAL ACQUISITION POLICY, GSA, WASHINGTON, DC 20405.

3. SUBMIT FORM TO:	4. NAME AND ADDRESS OF APPLICANT (INCLUDE COUNTY & ZIP CODE)
DEFENSE SUPPLY CENTER PHILADELPHIA 700 ROBBINS AVENUE ATTN: DSCP-ILEA PHONE: (215) 737-7019/7017 PHILADELPHIA, PA 19111-5096	CAGE_____IF APPLICANT DOES NOT HAVE A CAGE SEE CRITERIA
5. TYPE OF ORGANIZATION (CHECK ONE) ☐ INDIVIDUAL ☐ NON-PROFIT ORGANIZATION ☐ PARTNERSHIP ☐ CORPORATION INCORPORATED UNDER THE LAWS OF THE STATE OF: _____	6. ADDRESS TO WHICH SOLICITATIONS ARE TO BE MAILED (IF DIFFERENT THAN ITEM 4)

7. NAMES OF OFFICER, OWNERS, OR PARTNERS

A. PRESIDENT	B. VICE PRESIDENT	C. SECRETARY
D. TREASURER	E. QC MGR (INCL TEL)	

8. AFFILIATES OF APPLICANT (NAMES, LOCATION AND NATURE OF AFFILIATION. ATTACH SEPARATE SHEET IF NECESSARY)

9. PERSONS AUTHORIZED TO SIGN OFFERS AND CONTRACTS IN YOUR NAME (INDICATE IF AGENT)

NAME	OFFICIAL CAPACITY	TELEPHONE NO. AND FAX NO. (Include area code)

10. SIZE OF BUSINESS (SEE DEFINITIONS ON PAGE 2) ☐ SMALL BUSINESS ☐ OTHER THAN

AVERAGE NUMBER OF EMPLOYEES (INCLUDING AFFILIATES FOR FOUR PRECEDING CALENDAR QUARTERS) _____

11. TYPE OF OWNERSHIP (SEE DEFINITIONS ON PAGE 2)	12. TYPE OF BUSINESS (SEE DEFINITIONS ON PAGE 2)
☐ DISADVANTAGED BUSINESS ☐ WOMEN OWNED BUSINESS	☐ MANUFACTURER ☐ DISTRIBUTOR

13. DUNS NO. (IF AVAILABLE)	14. DATE BUSINESS STARTED

15. FLOOR SPACE (SQUARE FEET) A. MANUFACTURING B. WAREHOUSE

16. NET WORTH

CERTIFICATION - I CERTIFY THAT INFORMATION SUPPLIED HEREIN (INCLUDING ALL PAGES ATTACHED) IS CORRECT AND THAT NEITHER THE APPLICANT NOR ANY PERSON (OR CONCERN) IN ANY CONNECTION WITH THE APPLICANT AS A PRINCIPAL OR OFFICER, SO FAR AS IS KNOWN, IS NOW DEBARRED OR OTHERWISE DECLARED INELIGIBLE BY ANY AGENCY OF THE FEDERAL GOVERNMENT FROM MAKING OFFERS FOR FURNISHING MATERIALS, SUPPLIES, OR SERVICES TO THE GOVERNMENT OR ANY AGENCY THEREOF. IT IS UNDERSTOOD THAT ANY DISCREPANCIES OR OMISSIONS IN THIS APPLICATION WHEN COMPARED TO GOVERNMENT RECORDS MAY BE CAUSE FOR REJECTION OF MY APPLICATION. THE PENALTY FOR MAKING FALSE STATEMENTS IS PRESCRIBED IN 18. USC. 1001.

17. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN (TYPE OR PRINT)	18. SIGNATURE	19. DATE SIGNED
20. E-MAIL ADDRESS:	21. PHONE NUMBER:	

DEFINITIONS OF TERMS

SIZE OF BUSINESS DEFINITIONS (SEE ITEM 10)

A. SMALL BUSINESS CONCERN
A SMALL BUSINESS CONCERN FOR THE PURPOSE OF GOVERNMENT PROCUREMENT IS A CONCERN, INCLUDING ITS AFFILIATES, WHICH IS INDEPENDENTLY OWNED AND OPERATED, IS NOT DOMINANT IN THE FIELD OF OPERATIONS IN WHICH IT IS COMPETING FOR GOVERNMENT CONTRACTS, AND CAN FURTHER QUALIFY UNDER THE CRITERIA CONCERNING NUMBER OF EMPLOYEES, AVERAGE ANNUAL RECEIPTS, OR THE OTHER CRITERIA, AS PREPARED BY THE SMALL BUSINESS ADMINISTRATION. (SEE CODE OF FEDERAL REGULATIONS, TITLE 13, PART 121, AS AMENDED, WHICH CONTAINS DETAILED INDUSTRY DEFINITIONS AND RELATED PROCEDURES).

B. AFFILIATES
BUSINESS CONCERNS ARE AFFILIATES OF EACH OTHER WHEN EITHER DIRECTLY OR INDIRECTLY (I) ONE CONCERN CONTROLS OR HAS THE POWER TO CONTROL THE OTHER, OR (II) A THIRD PARTY CONTROLS OR HAS THE POWER TO CONTROL BOTH . CONTROL BOTH. IN DETERMINING WHETHER OR NOT AFFILIATION EXISTS, CONSIDERATION IS GIVEN TO ALL APPROPRIATE FACTORS INCLUDING COMMON MANAGEMENT AND CONTRACTUAL RELATIONSHIP (SEE ITEMS 8 AND 10A).

C. NUMBER OF EMPLOYEES
IN CONNECTION WITH THE DETERMINATION OF SMALL BUSINESS STATUS, "NUMBER OF EMPLOYEES" MEANS THE AVERAGE EMPLOYMENT OF ANY CONCERN INCLUDING THE NUMBER OF PERSONS EMPLOYED ON A FULL TIME, PART TIME, TEMPORARY OR OTHER BASIS DURING EACH OF THE PAY PERIODS OF THE PERIOD THAT SUCH CONCERN HAS BEEN IN BUSINESS.

TYPE OF OWNERSHIP DEFINITIONS (SEE ITEM 11)

A. "DISADVANTAGED BUSINESS CONCERN"
MEANS ANY BUSINESS CONCERN (1) WHICH IS AT LEAST 51 PERCENT OWNED BY ONE OR MORE SOCIALLY AND ECONOMICALLY DISADVANTAGED INDIVIDUALS; OR, IN THE CASE OF ANY PUBLICLY OWNED BUSINESS, AT LEAST 51 PERCENT OF THE STOCK WHICH IS OWNED BY ONE OR MORE SOCIALLY AND ECONOMICALLY DISADVANTAGED INDIVIDUALS; AND (2) WHOSE MANAGEMENT AND DAILY BUSINESS OPERATIONS ARE CONTROLLED BY ONE OR MORE OF SUCH INDIVIDUALS.

B. "WOMEN OWNED BUSINESS"
MEANS A BUSINESS THAT IS AT LEAST 51 PERCENT OWNED BY A WOMAN OR WOMEN WHO ARE U.S. CITIZENS AND WHO ALSO CONTROL AND OPERATE THE BUSINESS.

TYPE OF BUSINESS DEFINITIONS (SEE ITEM 12)

A. MANUFACTURER OR PRODUCER
IS A PERSON (OR CONCERN) OWNING, OPERATING, OR MAINTAINING A STORE, WAREHOUSE OR OTHER ESTABLISHMENT THAT SUBSTANTIALLY PRODUCES, ON THE PREMISES, THE MATERIALS, SUPPLIES, ARTICLES OR EQUIPMENT OF THE GENERAL CHARACTER LISTED IN THE SUPPLIERS COMMODITY INTEREST/ACTIVITY LIST.

B. DISTRIBUTOR
MEANS A PERSON (OR CONCERN) OWNING, OPERATING, OR MAINTAINING A STORE, WAREHOUSE OR OTHER ESTABLISHMENT IN WHICH THE MATERIALS SUPPLIES, ARTICLES OR EQUIPMENT OF THE GENERAL CHARACTER LISTED IN THE SUPPLIERS COMMODITY INTEREST/ACTIVITY LIST ARE BOUGHT, KEPT IN STOCK, AND SOLD TO THE PUBLIC IN THE USUAL COURSE OF BUSINESS. THE CAGE CODE LISTED ON THE APPLICATION MUST BE THE FACILITY WHERE THE QUALITY CONTROL FUNCTION IS PERFORMED.

SUPPLIERS COMMODITY INTEREST/ACTIVITY LISTING

COMPANY NAME:	CAGE:

ADDRESS

INDICATE PRODUCT LINE AND SIZES AVAILABLE:
(INCLUDE MIL-SPEC, FED-SPEC, CID, AND NON GOV.STD. DESIGNATIONS)

ROPE

SPEC. / STANDARD	MATERIAL	CONSTRUCTION	SIZES AVAILABLE

CORD

SPEC. / STANDARD	MATERIAL	CONSTRUCTION / TYPE	SIZES / CLASSES

TAPE

TWINE

Comments:

DSCP FORM 1696 E, AUG 99

REFERENCES

To facilitate the Qualification Process, and eliminate unnecessary site-surveys, we request that you provide the following information with regards to prior INDUSTRY surveys/audits conducted at your site within the last 18 months. Please also include data on association certifications, e.g. ISO 9002, NADCAP, etc.

Ref #	Company Conducting Survey/Audit	Point of contact at Conducting Company (Include telephone with Area Code)	Date & Purpose of most recent Survey/Audit	Date Initially Approved as a Supplier for that Company
1				
2				
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