

INSTRUCTIONS: Section 1: Filled out by the Supplier. Section 2: Completed by SDL representatives.

SECTION 1: SUPPLIER INFORMATION

| | | | |
|---------------------|--|---------------|--|
| Supplier Name | | Tax ID Number | |
| Supplier Address | | Phone Number | |
| Remit-To Address | | Email | |
| NAICS Code | | Website | |
| Cage Code | | DUNS | |
| # Years in Business | | Business Size | |
| Supplier POC | | Title | |
| Capabilities | | | |

Part A: Supplier Type

Check as many categories and subcategories as applicable (definitions available in Section 1, Part F)

| | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> EEE Components | <input type="checkbox"/> Fabrication/Assembly | <input type="checkbox"/> Mechanical/Optical Components | <input type="checkbox"/> Telecommunications Equipment or Services |
| <input type="checkbox"/> Calibration <input type="checkbox"/> Engineering Services <input type="checkbox"/> Inspection/Testing <input type="checkbox"/> Plating, Anodizing, Heat Treat, etc. <input type="checkbox"/> Staffing <input type="checkbox"/> Other | <input type="checkbox"/> Distributor <input type="checkbox"/> Authorized <input type="checkbox"/> Broker <input type="checkbox"/> Independent <input type="checkbox"/> Mixed <input type="checkbox"/> Manufacturer <input type="checkbox"/> Manufacturer's Rep <input type="checkbox"/> Other | <input type="checkbox"/> Cable <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Printed Circuit Boards <input type="checkbox"/> PCB/PWB <input type="checkbox"/> PWA <input type="checkbox"/> Other | <input type="checkbox"/> Distributor <input type="checkbox"/> Authorized <input type="checkbox"/> Broker <input type="checkbox"/> Independent <input type="checkbox"/> Mixed <input type="checkbox"/> Manufacturer <input type="checkbox"/> Manufacturer's Rep <input type="checkbox"/> Other | <input type="checkbox"/> Distributor <input type="checkbox"/> Authorized <input type="checkbox"/> Broker <input type="checkbox"/> Independent <input type="checkbox"/> Mixed <input type="checkbox"/> Manufacturer <input type="checkbox"/> Manufacturer's Rep <input type="checkbox"/> Other |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Software | <input type="checkbox"/> Raw Materials/Consumables | <input type="checkbox"/> Other | |
| | | <input type="checkbox"/> Aluminum/Metals <input type="checkbox"/> Chemicals <input type="checkbox"/> Other | | |

Federal Acquisition Regulation (FAR) 52.204-26 Covered Telecommunications Equipment or Services - Representation (OCT 2020)

RESPONSE REQUIRED

(a) Definitions. As used in this provision, "covered telecommunications equipment or services" and "reasonable inquiry" have the meaning provided in the clause [52.204-25](#), Prohibition on Contracting for Certain Telecommunications and Video Surveillance Services or Equipment.

(b) Procedures. The Offeror shall review the list of excluded parties in the System for Award Management (SAM) (<https://www.sam.gov>) for entities excluded from receiving federal awards for "covered telecommunications equipment or services."

(c) Representation. (1) The Offeror represents that it does does not provide covered telecommunications equipment or services as a part of its offered products or services to the Government in the performance of any contract, subcontract, or other contractual instrument.

(2) After conducting a reasonable inquiry for purposes of this representation, the offeror represents that it does does not use covered telecommunications equipment or services, or any equipment, system, or service that uses covered telecommunications equipment or services.

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REVISION: N

DATE: FEBRUARY 24, 2022

Part B: Quality Management System (QMS)

Provide documentation to SDL for all items checked in this section.

| Certification | Expiration Date |
|--|-----------------|
| <input type="checkbox"/> ISO 9001 | |
| <input type="checkbox"/> AS9100 | |
| <input type="checkbox"/> AS9120 | |
| <input type="checkbox"/> OTHER (Please specify): | |

If you are certified to one of the QMS standards listed in Part B, skip Part C.

Part C: Alternative QMS

Please answer the following and provide documentation where applicable. If you are certified to one of the QMS listed in Part B, skip Part C. Only check N/A if this is not applicable for your business.

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Documented Counterfeit Mitigation and Awareness Program (AS5553 or equivalent) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Documented procedures address nonconforming materials and controls as well as Corrective Action | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Documented Quality Management System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Documented Risk Management System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Management conducts scheduled and documented reviews of the quality system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Utilize procedures, instructions and/or inspections to ensure product conforms to specific requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Willing to support SDL and/or SDL customer site audits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part D: Other Representation

Please answer the following and provide documentation to SDL for items checked Yes, as applicable.

| | Yes | No | N/A | Additional Information |
|---|--------------------------|--------------------------|--------------------------|------------------------|
| Accept DPAS Rated Orders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| ANSI S20.20 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Calibration Registration/Certification | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Experience in NASA and IPC electronic workmanship standards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| IPC-1710 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| ISO 14001 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| ISO/EIC 17025 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| ITAR Registered Facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| NADCAP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIST SP 800-171 Compliant (CMMC) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (Describe in Comments) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Part E: Signature

| | Signature (digital signature accepted) | Name (Print) | Date |
|------------------------------------|--|--------------|------|
| Supplier Authorized Representative | | | |

Authorized (Franchised) Distributor: A distributor that purchases parts with the intention to sell and redistribute them back into the market. Purchased parts are obtained from an Original Component Manufacturer (OCM) product within the terms of an OCM contractual agreement. Contractual Agreement terms include, but are not limited to, distribution region, distribution products or lines, and warranty flow down from the OCM.

Broker Distributor: A type of Independent Distributor that works in a "Just in Time" (JIT) environment. Customers contact the Broker Distributor with requirements identifying the part number, quantity, target price, and the date required. The Broker Distributor searches the industry and locates parts that meet the target price and other Customer requirements. Broker Distributors do not have contractual agreements or obligations with OCMs.

Construction: Construction of commercial and institutional buildings and related structures. This includes on-site assembly of modular or prefabricated buildings, building finishing trade work including painting and wall covering; flooring; tile and terrazzo; and finish carpentry. This may also include additions, alterations, maintenance, and repairs.

Custom Fabrication: Producing an item that is unique or specific.

Distributor: Purchases parts with the intention to sell and redistribute them back in to the market.

Electrical, Electronic, and Electromechanical (EEE): Electrical, electronic, and electromechanical parts are components designed and built to perform specific functions, and are not subject to disassembly without destruction or impairment of design use. Examples of electrical parts include resistors, capacitors, inductors, transformers, and connectors. Electronic parts include active devices, such as monolithic microcircuits, hybrid microcircuits, diodes, and transistors. Electromechanical parts are devices that have electrical inputs with mechanical outputs, or mechanical inputs with electrical outputs, or combinations of each. Examples of electromechanical parts are motors, synchros, servos, and some relays.

Fabrication/Assembly: Fabricating, or making something, from semi-finished or raw materials; or, assembling, or putting together, completed parts to make a final product.

Independent Distributor: A distributor that purchases parts with the intention to sell and redistribute them back into the market. Purchased parts may be obtained from Original Equipment Manufacturers (OEMs) or Contract Manufacturers (typically from excess inventories), or from other Distributors (Franchised, Authorized or Independent). Resale of the purchased parts (redistribution) may be to OEMs, Contract Manufacturers, or other Distributors. Independent Distributors do not normally have contractual agreements or obligations with OCMs.

Manufacturer: A person or company that makes goods for sale.

Manufacturer Representative: an individual, sales agency or company that sells a manufacturer's products to wholesale and retail customers.

Mechanical/Optical - RPComponents: Mechanical components are parts, materials, and/or structural components such as frame members, bearings, fasteners, seals, and hardware. It also includes mechanisms that control movement in various ways. Optical components are simple optical elements used in the construction of optical systems. Examples include lenses, beams, filters, plates, mirrors, etc.

Mixed Distributor: Any combination of the three types of distributors; Authorized, Independent and Broker.

Raw Material/Consumables: Materials or substances which are used in the primary production of finished goods; or materials/supplies that may be consumed or expended or that must be replaced regularly due to wear or usage.

Service Provider: An independent third party that performs an "outsourced process" that may include but is not limited to storage service providers, contract manufacturers, calibration services, testing services, etc.

Software: Provider of application or system software, software development, software engineering, and/or software technology products or services.

Telecommunications Equipment or Services: Any component necessary for the proper function or performance of a piece of equipment, system, or service. Federal Acquisition Regulation (FAR) 52.204-26 COVERED TELECOMMUNICATIONS EQUIPMENT OR SERVICES - REPRESENTATION (OCT 2020)

(a) Definitions. As used in this provision, "covered telecommunications equipment or services" and "reasonable inquiry" have the meaning provided in the clause 52.204-25, Prohibition on Contracting for Certain Telecommunications and Video Surveillance Services or Equipment.

(b) Procedures. The Offeror shall review the list of excluded parties in the System for Award Management (SAM) (<https://www.sam.gov>) for entities excluded from receiving federal awards for "covered telecommunications equipment or services."

SECTION 2: ASSESSMENT OF SUPPLIER

This section will be completed by SDL representatives.

| | | | | |
|------------------|---------------------------------------|---------------------------------------|-------|--|
| Assessment Type: | <input type="checkbox"/> New Supplier | <input type="checkbox"/> Revalidation | Date: | |
|------------------|---------------------------------------|---------------------------------------|-------|--|

Part A: Verification

| | Yes | No | Additional Information |
|--|--------------------------|--------------------------|--|
| Verified Debarment Status via SAM.gov | <input type="checkbox"/> | <input type="checkbox"/> | |
| Verified Business Size | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> SAM.gov <input type="checkbox"/> SBA.gov <input type="checkbox"/> Business Status Certificate |
| Verified Supplier Representation (52.204-26) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> SAM.gov <input type="checkbox"/> Other |

Part B: Limitation/Risk

Note: This section is not required if Section 1 Part B and/or C are filled out satisfactorily.

| | Yes | No | N/A | If Yes, add limitation/scope of approval to the Supplier List |
|------------------------------|--------------------------|--------------------------|--------------------------|---|
| Limitation/Scope of Approval | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | |
|---|--|
| Level of Risk communicated and documented to: | <input type="checkbox"/> Program Manager <input type="checkbox"/> QA Manager <input type="checkbox"/> Other, please specify: |
| Approval to proceed with purchase granted by: | |

Per QW0602 5.2.5.1, this section will be completed upon receipt of product. Provide information such as answers to the following questions and expand as necessary. Supplier placed in a pending status until questions are satisfied.

For Subcontracts: Per QP0302 3.2.1, complete QF0617 Part A Subcontractor Performance Evaluation in lieu of the below evaluation and attach to this form for QA review and approval of the supplier.

| | Yes | No | N/A | Additional Information |
|--|--------------------------|--------------------------|--------------------------|------------------------|
| Do they deliver on time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Do they meet our requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is their product/services of high quality? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Do they communicate with you effectively/regularly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are their products/services clearly and properly marked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are all products and materials traceable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Additional Comments | | | | |

Part C: Status

| | | | |
|-----------------------------------|----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> PENDING | <input type="checkbox"/> DISAPPROVED | <input type="checkbox"/> APPROVED WITH LIMITATION |
|-----------------------------------|----------------------------------|--------------------------------------|---|

Part D: Signature

| | Signature | Date |
|--------------------------------|-----------|------|
| Procurement/Subcontract Office | | |
| Quality Assurance Office | | |