



LSO SUPPLIER QUESTIONNAIRE

Initial Annual

This questionnaire must be filled out in its entirety. If areas do not apply, place N/A in the block.

Name of Company		Today's Date
Street Address		Cage Code
City	State	Zip Code
Name of Area Sales Representative or Contracts Manager		Phone No.
Email Address		Fax No.

Check the blocks which apply to the above address, or give proper address and zip code if different from above:

Receive RFQ
 Receive Purchase Orders
 Receive Payments

Address: _____

1. REMIT TO INFORMATION

Name of A/R Representative		Phone No.
PO Box or Street Address		Fax No.
City	State	Zip Code
		E-Mail Address

2. ORGANIZATIONAL DATA

a. Type of Organization <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____			
<input type="checkbox"/> LLC <input type="checkbox"/> Individual			
b. State Which Incorporated	Year	Dun's No.	
c. Parent Company (If Division or Subsidiary)			
d. Subsidiary, Divisions, and Affiliates			
e. Senior Company Official	Title	Phone No.	E-Mail
f. Senior Quality Official	Title	Phone No.	E-Mail
g. Senior Sales or Contracts Official	Title	Phone No.	E-Mail
h. Senior Financial Officer	Title	Phone No.	E-Mail
i. Expiration Date of Major Union Contract:		<input type="checkbox"/> No Union Representation	
j. Standard Work Week:	Hours	Number of Employees	Number of Shifts



k. Length of Time in Business (Years):	This Company	This Location	Parent Company
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Supplier Certifies Business Category: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Small Business (SB)

<input type="checkbox"/> Large Business (L)
<input type="checkbox"/> Foreign Owned Business
<input type="checkbox"/> Non-Profit (To Include Textron Subsidiaries, Affiliates or Divisions)
<input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Certified by SBA as a Small Disadvantaged Business (SD)
SBA # _____ Date _____
<input type="checkbox"/> Certified by SBA as a HUB Zone Small Business (HUB)
Date _____
<input type="checkbox"/> Woman Owned Small Business (WO)
<input type="checkbox"/> Veteran Owned Small Business (VO)
<input type="checkbox"/> Service Disabled Veteran Owned Small Business (DV)
<input type="checkbox"/> Historically Black Colleges / University or Minority Institutions (HBCU) |
|--|--|

Primary NAICS Code(s) _____

You may wish to review the definitions for the above categories in the Federal Acquisition Regulation 19.7 or 52.219-8 (www.arnet.gov/far). If you have difficulty ascertaining your NAICS Code and size status, please call 1-800-U-ASK-SBA or refer to SBA's website at www.sba.gov/size.

Under 15 U.S.C. 645(d), any person who misrepresents it's size status shall (1) be punished by a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for programs conducted under the authority of the Small Business Act.

This Questionnaire is good for a one-year period. It is your responsibility to notify us if your size or ownership status changes during this period. Annually, you are required to re-certify with us.

3. PRODUCTS AND SERVICES

a. Products or services for which you wish to be considered. Indicate capability and experience.

- b. Type of business: Distributor Manufacturer Wholesaler
- Services Processor Other

c. Percentage Commercial Business _____% Percentage Military Business _____%

4. FINANCIAL DATA

a. Name and Address of Banking Institution:	Point of Contact and Phone Number:
b. Annual Sales Volume this Company: \$ _____	/YR _____
c. Is your accounting system currently approved by a Government agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 1099-MISC Form Needed	<input type="checkbox"/> Federal Tax ID#
<input type="checkbox"/> Qualified Approval	<input type="checkbox"/> Unqualified Approval (No recommendation for changes)
Agency name	Date of last review

5. GOVERNMENT PROPERTY

a. Are any of your facilities or equipment Government owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Government Cont. No.
b. Do you have an approved Government Property System? <input type="checkbox"/> Yes <input type="checkbox"/> No	



6. CONTRACTUAL INFORMATION

a. Will you accept Bell Aerospace Services Inc. Standard Terms and Conditions Form provided? Yes No

7. PLEASE ENCLOSE THE FOLLOWING INFORMATION, IF AVAILABLE

	Attached	Will Send	Decline	Send Date	Explain Decline
a. Organization Chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Sales Brochure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Financial Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

8. FAR CERTIFICATIONS

a. 52.222-21 Certification Of Non-Segregated Facilities
 Regardless of size or number of employees, supplier does not and will not maintain or provide for its employees any segregated facilities and is in compliance with FAR 52.222-21. Yes No

b. 52.222.22 Previous Contracts And Compliance Reports

1. Supplier **has** **has not** participated in a previous contract or subcontract subject to the Equal Opportunity Clause. FAR 52.222-26 is applicable when during a 12-month period the subcontractor has been awarded subcontracts that have an aggregate value in excess of \$10,000.

2. Supplier **has** **has not** filed all required compliance reports.

a. EEO-1 Report is applicable when subcontractor, employs 100 or more employees or employs 50 or more employees and have Federal contracts/subcontracts totaling more than \$50,000

Not Applicable (For more information access the EEO home page at <http://www.eeoc.gov> and additional information at <http://www.eeoc.gov/small/index.html>).

b. VETS-100 report is applicable when the subcontractor receives a contract/subcontract in the amount of \$25,000 or more (regardless of number of employees)

Not Applicable (For additional information or filing on line access VETS at <http://www.vets100.cudenver.edu>.)

c. 52.222-25 AFFIRMATIVE ACTION COMPLIANCE (Applicable to companies with 50 employees and a single award greater than \$50,000 to develop and have on file an Affirmative Action Program.) **Not Applicable**

1. Supplier represents that it **has developed and has on file** **has not developed and does not have on file** Affirmative Action Programs required by the Secretary of Labor,

Or

2. Supplier **has** **has not** previously had contracts subject to written Affirmative Action Programs.

d. 52.203-7 Anti-Kickback Procedures

Are you aware of any kickbacks to Bellaero employees? Yes No

If yes, any violations or suspected violations of the anti-kickback law should be reported to Bellaero 817-278-0784, or FAX 817-278-0584.

9. Is this company currently debarred by the U.S. Government? Yes No

a. Has this Company or Subsidiary of this Company or a parent Company, or any key personnel of any of the aforementioned, ever been on the Federal Government Consolidated List of Debarred, Suspended, and Ineligible Contractors? Yes No
 (If yes, please explain) _____



SIZE AND CERTIFICATIONS

- A. **LARGE BUSINESS CONCERN** – A major corporation with more than 500 employees. **(L)**
- B. **SMALL BUSINESS CONCERN** – By checking the appropriate box on the front of this form, the supplier represents and certifies that it is a small business concern and all end items to be furnished will be manufactured or produced by a small business concern in the United States, its territories or possessions, Puerto Rico, or the Trust Territory of the Pacific Islands. **(SB)**
- C. **SMALL DISADVANTAGED BUSINESS CONCERN** – By checking the appropriate box on the front of this form, the supplier represents and certifies that it is a small disadvantaged business concern. The supplier represents and certifies that the Small Business Administration (SBA) has or has not made a determination concerning the Supplier's status as a small disadvantaged business concern. Supplier certifies that it was found by the SBA to be socially and economically disadvantaged as a result of that determination and that no circumstances have changed to vary that determination, or it was not found by the SBA not to be socially and economically disadvantaged as a result of the determination, but circumstances which caused the determination have changed. A disadvantaged business enterprise is defined as a business, at least 51% of which is owned by disadvantaged group members or, in the case of public-owned businesses, at least 51% of the stock is owned by disadvantaged group members. FAR 52.219-1(c) states penalties regarding misrepresentation of business size. **(SD)**
- D. **WOMEN-OWNED BUSINESS CONCERN** – Same as B except a woman owns 51% or more of the company and is actively involved in its operations. **(WO)**
- E. **VETERAN-OWNED BUSINESS CONCERN** – Same as B except a U.S. military veteran owns 51% or more of the company and is actively involved in its operations. **(VO)**
- F. **SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS** – same as E. except a service-disabled veteran owns 51% or more of the company and is actively involved in its operations. **(SDVO)**
- G. **HISTORICALLY BLACK COLLEGE OR UNIVERSITY OR MINORITY INSTITUTION** – Means an institution determined by the Secretary of Education to meet the requirements of 34 CFR 608.2. Minority Institution means an institution of higher education meeting the requirements of section 1046(3) of the higher education act of 1965 (20 U.S.C. 1067k). **(HBCU)**
- H. **HUB ZONE SMALL BUSINESS** – A small business concern that appears on the list of qualified Hub Zone Small Business Concerns maintained by the Small Business Administration. **(HUB)**

FEDERAL ACQUISITION REQUIREMENTS

As a prime contractor of U.S. Government contracts, Bell Aerospace Services Inc. is required to flow down certain Federal Acquisition Regulations (FAR) to our suppliers. These FARs are incorporated by reference in our Standard Terms and Conditions. As a prospective supplier you must be aware of these requirements including certain reporting requirements under the Equal Opportunity Clause FAR 52.222-26. FARs may be accessed via the web at <http://arnet.gov/far>.

DEFENSE PRIORITIES AND ALLOCATION SYSTEM (DPAS) (15 CFR 700)

As a prime contractor of the U.S. Government, Bell Aerospace Services Inc. receives rated orders under the DPAS system. These ratings are flowed down to our suppliers on Purchase Orders when the requirements will be used in the performance of a U. S. Government contract. Key requirements of the DPAS system are:

1. Persons receiving rated orders must give them preferential treatment as required by this regulation.
2. Persons who receive rated orders must in turn place rated orders with their suppliers. This ensures that suppliers will give priority treatment to rated orders.
3. Preferential scheduling – if a person receives a DO rated order and if meeting that date would mean delaying production or delivery of an item for an un-rated order, the un-rated order must be delayed. A rated order requires preferential treatment. A rated order must be given precedence over un-rated orders as necessary to meet required delivery dates.
4. A person is not required to place a priority rating on an order for less than \$50,000, **provided** that delivery can be obtained in a timely fashion without the use of the priority rating.

52.203-11 "Certification & Disclosure Regarding Payments to Influence Certain Federal Transactions" and 52.203-12 "Limitation on Payments to Influence Certain Federal Transactions." The supplier / subcontractor, by signing this Annual Certification, hereby certifies to the intent of 52.203-11.

Company Officer or Authorized Representative (Printed Name)	Signature	Date
REVIEW COMPLETED		
Name of BellAero Employee (Printed Name)	Signature	Date