

# FORM SBCP-2: Supplier Qualification Form



Return this form with requested attachments to suppliers@gemtechnologiesinc.com

## Supplier Information

Supplier Name:	
List all names under which your firm has operated for the past 10 years:	
Address Line 1	
Address Line 2	
City, State, Zip:	
Congressional District:	
Registered in SAM?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registered in E-Verify?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide JPG or PNG of logo:	

## Remittance Information

Address Line 1:	
Address Line 2:	
City, State, Zip:	
To the attention of:	

## Contact Information

Sales / Name, Email, Phone:	
Accounting / Name, Email, Phone:	
Name & Title of Head of Organization:	
Phone Number:	
Email:	

## Corporate Data

Tax ID No.:	
DUN & Bradstreet No.:	
State of Incorporation, if incorporated:	
FOCI or DOD Security Clearance?	<input type="checkbox"/> Yes <input type="checkbox"/> No      If so, what type:

## Parent Company

Name:	
Address:	
DUN and Bradstreet Number of Parent Co.:	

## Safety, Health, and Quality Qualifications

Insurance Interstate Experience Modification Rating (EMR) for the immediate past three years:	20__	20__	20__
Attach copies of your company's OSHA 300/300A Logs for the most recent three full years.	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Attach copies of your company's most recent EMR rating on insurance letterhead (must be for current year's work).	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your firm certified through the Nuclear Quality Assurance Program (NQA-1)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List other Quality Certifications here (Q-1 Safety Class, ISO 14:0001, etc):			

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Provide evidence of your company's Quality Assurance Program (table of contents, copy of program, and/or certification paperwork).	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
If your company does not have a developed Quality Assurance Program yet, are you willing to work to GEM's Quality Assurance Program standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Business Size Standard</b> <i>in accordance with FAR Part 19.102</i>			
Top 5 Primary NAICS for business with GEM and Small Business Status for each	1.	Small Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	2.	Small Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	3.	Small Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	4.	Small Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	5.	Small Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Average Annual Revenue for last three completed years:	20__: \$	20__: \$	20__: \$
3-Year Average Annual Revenue:			
Socio-Economic Categories:	<input type="checkbox"/> Small Business <input type="checkbox"/> 8(a), SBA Certification and Graduation Dates: _____ <input type="checkbox"/> Small Disadvantaged Business <input type="checkbox"/> Veteran-Owned Small Business <input type="checkbox"/> Service-Disabled Veteran-Owned Small Business <input type="checkbox"/> HUBZone, SBA Certification Date <input type="checkbox"/> Woman-Owned Small Business <input type="checkbox"/> Economically-Disadvantaged Woman-Owned Business <input type="checkbox"/> Historical Black College or University		
If Small Disadvantaged Business, indicate which specific socio-economic categories apply:	<input type="checkbox"/> Alaskan Native Owned Corporation <input type="checkbox"/> Asian-Pacific American Owned Business <input type="checkbox"/> Hispanic American Owned Organization <input type="checkbox"/> Native Hawaiian Owned Business <input type="checkbox"/> American Indian Owned Business <input type="checkbox"/> Black American Owned Business <input type="checkbox"/> Native American Owned Business <input type="checkbox"/> Subcontinent Asian (Asian-Indian) American Owned Business		

**By signing this form, I certify that the above information is true, correct, and accurate.**

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

**Don't forget! Are the following documents included with the submittal?**

- |  |  |
|--|--|
| <input type="checkbox"/> PNG or JPG of preferred company logo  | <input type="checkbox"/> OSHA 300/300A Logs for the most recent three full years |
| <input type="checkbox"/> Evidence of Quality Assurance Program | <input type="checkbox"/> Current EMR Letter on insurance company's letterhead    |