



6303 Ivy Lane • Suite 130 • Greenbelt, MD 20770 • Phone 301.837.5500

## SUPPLIER SURVEY

The information gathered with this survey will be held in the strictest confidence by ASRC Federal Holding Company and its Subsidiaries, employees or assigns.

**Instructions:** The following questions are used in part to assess your company's ability to supply product or services to ASRC.

Failure to provide the requested information may mean disqualification from consideration.

Upon completion of this survey, please fax or mail to the following address:

**ASRC Federal Holding Company  
6303 Ivy Lane., Suite 130  
Greenbelt, MD 20770  
Fax: (301) 837-5502  
Attn: Procurement Department**

**SUPPLIER SURVERY**

**GENERAL INFORMATION**

- 1. **Company Name:** \_\_\_\_\_
- 2. **Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_
- 3. **Telephone Number:** \_\_\_\_\_
- 4. **Fax Number:** \_\_\_\_\_
- 5. **Type of Ownership:**  Corporation  Partnership  Individual  Other \_\_\_\_\_
- 6. **Year Established:** \_\_\_\_\_
- 7. **Number of Employees:** \_\_\_\_\_
- 8. **Parent Company (if applicable):** \_\_\_\_\_
- 9. **Has Company done business with an ASRC Company in the past?:** \_\_\_\_\_  
**When and how long:** \_\_\_\_\_
- 10. **Contact Person:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_
- 11. **Payment Terms:** \_\_\_\_\_
- 12. **FOB Point:** \_\_\_\_\_
- 13. **Location and size of Facilities:** \_\_\_\_\_

City/State	Square Feet Occupied
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**14. Key Personnel\***

**President & CEO** \_\_\_\_\_

**Vice President – Operations** \_\_\_\_\_

**Vice President – Finance** \_\_\_\_\_

**Vice President – Marketing** \_\_\_\_\_

**Vice President – Engineering** \_\_\_\_\_

**Quality Manager** \_\_\_\_\_

**Customer Service/Sales Manager** \_\_\_\_\_

**Purchasing Manager** \_\_\_\_\_

\* Please supply an Organizational Chart

**15. Principal Products and/or Services**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION**

**16. D & B Number:** \_\_\_\_\_

**17. Tax Identification Number:** \_\_\_\_\_

**18. Average Sales over the last 3 years:** \_\_\_\_\_

**19. Government Audit Agency (if applicable)(Include name of ACO, address and telephone no.)**

\_\_\_\_\_

**20. Percent of Sales under Government Contracts:** \_\_\_\_\_

**21. Has Company ever declared bankruptcy?**  Yes  No

**22. The ASRC companies currently represent what percent of your sales?** \_\_\_\_\_%

**23. Credit references we can contact:**

Company	Address	Telephone Number

**24. CORPORATION CLASSIFICATIONS (IAW FAR 52.219-1)**

- Small
- Small Disadvantaged
- Women Owned
- HUBZone Small Business Concerns
- Veteran Owned Small Business Concerns
- Service Disabled Veteran Owned Small Business Concerns
- Native-American Owned

**QUALITY/INSPECTION SYSTEM AND PROCEDURES**

**25. Is your company ISO 9001 certified by a recognized agency?** If so, please forward a copy of your certificate with the survey and disregard the remaining questions.

- Yes       No

**26. Do you have a Quality System in accordance with a recognized system or agency?** (i.e. NASA, MIL-Q-9858)? If so indicate which system:

\_\_\_\_\_

**27. Is the Quality/Inspection system documented in a manual of procedures?**

- Yes       No

**28. Do you have documented procedures to ensure nonconforming products are prevented from being used or shipped?** If yes, reference procedure number and title;

\_\_\_\_\_

**29. If measuring equipment is used:**

Is adequate measuring equipment available?     Yes     No     N/A

Is the calibration system described in written procedures?     Yes     No     N/A

Is measuring and test equipment calibrated at established intervals?     Yes     No     N/A

30. Are procedures in effect that describe the methods by which conditions adverse to product quality are detected and corrected?  Yes  No

Completed By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions about this survey, please contact the Procurement Department at (301) 837-5502.

Thank you