



CORPORATE SUPPLIER QUALIFICATION FORM

Information is vendor address specific unless noted otherwise. Please email completed form to BUYER identified below

Directions: Buyer must complete this section prior to sending to supplier. All items in BLUE must be completed for "Remittance-Only" vendor requests.

Table with 5 columns: Buyer Name, Buyer Phone, Buyer Email, Company Code, Procurement Type

Describe the Procurement Activity or Service:

The below section is to be filled out by the Supplier. All fields are REQUIRED except those marked optional.

Multiple rows of contact information including Company Name, Phone, Fax, Website, # of Employees, Corporate Headquarters Street, City, State, Zip Code, Country, Purchase Order Street, Remittance Street, Salesperson Name, Title, Phone, Email Address, Quality Assurance Manager, Ariba Point of Contact, Major Customer/References.

Table for business details: Tax ID Number (US Only), Payment Terms (NET 60), D&B DUNS (requested), Cage Code (requested), Primary NAICS (requested), Our business is a: Service Provider, Sales Office, Distributor, OEM.

Table for debarment and related party information: Is your company or any of its principals presently debarred... Is this supplier a related party to L3?

Table for supply chain security programs: Is your company a participant in any of the following Supply Chain Security Programs? C-TPAT, AEO, PIP, OEA, Other.

Business Classification (Required) section with sub-sections: Business size classification information below is Corporate Level Information rather than site specific. Canadian-Owned, SMALL BUSINESS ADMINISTRATION SIZE CLASSIFICATION, SMALL BUSINESS ADMINISTRATION ADDITIONAL CLASSIFICATION, SMALL BUSINESS ADMINISTRATION CERTIFICATION, SBA Certified Hub Zone.

CERTIFICATION: I HEREBY CERTIFY THAT THE ABOVE NAMED COMPANY IS THE CLASSIFICATION CHECKED ABOVE. FOR SIZE DEFINITIONS, REFER TO HTTP://WWW.SBA.GOV \*\*

Table for signature and date: SIGNEE NAME, TITLE, SIGNEE SIGNATURE, DATE SIGNED.

PURCHASE ORDERS WILL BE WITHHELD PENDING RECEIPT OF THIS SIGNED DOCUMENT. TYPED SIGNATURES ARE NOT ACCEPTABLE

Please attach a copy of your W9. For a blank form link to: http://www.irs.gov/pub/irs-pdf/fw9.pdf

Table for Division Signatures Required for Remittance-Only Vendor Requests with columns: Name (Printed), Signature, Date Signed.

Table for final information: Repts & Certs expiration (direct suppliers), QMS Survey Expiration, P502-1 Expiration Date, Quality Approval Signature, Quality Signature Date.