

GENERAL DYNAMICS

American Overseas Marine

NEW VENDOR QUALIFICATION CERTIFICATION

1. Is your company ISO 9000 Certified? YES NO (If YES, proceed directly to No. 10 & 11, sign form and FAX back with a copy of your ISO Certificate(s). If your answer is NO please complete the balance of this form).
2. Are you the Original Equipment Manufacturer (OEM) for the parts and services that you provide to your customers? YES NO
3. Are you an authorized distributor for the OEMs that your company represents? YES NO
4. Do you have Catalogues and/or Published Price Lists for the material that you supply? YES NO
5. What are your payment terms? NET30 OTHER (Specify) _____
(Note: Discount payment terms are generally evaluated and taken.)
6. How long have you been in business under your current name? _____ YEARS
7. Do you have a DUNS number? YES NO (If YES, please provide # _____)
8. If we should ever experience a quality or service related problem, whom should we contact within your organization? (Name) _____
9. Please provide two (2) business references:

| | CONTACT | PHONE NUMBER |
|-----------|---------|--------------|
| (A) _____ | _____ | _____ |
| (B) _____ | _____ | _____ |

10. Size/Business Status

Large Business Small Business Disadvantaged Business Veteran Owned

Woman-Owned HUBZone Certified Service-Disabled Veteran Owned SBA Certified: Yes No

(Business/Certification status will be verified against the SBA Pro-Net information data base. All small businesses should ensure their data on Pro-Net is current)

11. **SERVICES only:** Under the Federal Income Tax law, all providers of services (including corporations) are required to furnish a correct taxpayer Federal Identification Number upon the request of the payor, which we hereby make. Failure to do so may subject the vendor (payee) to a \$50.00 penalty imposed by the Internal Revenue Service.

Federal Identification Number: _____

Thank you for your prompt completion and return of this form.

Certification: By signing and submitting this form, the authorized representative is certifying that, to the best of his/her knowledge, there is no known conflict of interests between their company and General Dynamics (GD), American Overseas Marine and/or any GD affiliated company or business unit.

| | | |
|--|----------------------|-------------|
| COMPANY NAME | AUTHORIZED SIGNATURE | DATE |
| COMPANY ADDRESS (STREET, CITY, STATE, ZIP) | COMPANY PHONE | COMPANY FAX |

FAX COMPLETED FORMS TO ATTENTION: _____ **FAX NO.** _____

100 Newport Avenue Extension
North Quincy, MA 02171
Tel: 617 376 8450
Fax: 617 472 4925

Form Q3 dated 1/15/04