

CURRENT VENDOR #

NEW VENDOR #

ELECTRIC BOAT SUPPLIER REGISTRATION FORM
 (EB Form 84-02-2974 Rev 8/17)

SECTION A: FOR EB USE ONLY

Change Reason <input type="checkbox"/> Add New Supplier <input type="checkbox"/> Re-activate Existing Supplier <input type="checkbox"/> Company Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Purchasing Status Change <input type="checkbox"/> (A) Approved (D) Disapproved <input type="checkbox"/> Other: _____	Experian Report Scores: Date: _____ Intelliscore Plus/Experian Score: _____ (A score < 50 requires Manager & Material Risk Coordinator approval) Financial Stability Risk Score: _____ (A score < 30 requires Manager & Material Risk Coordinator approval) Structured Expedite Rpt? <input type="checkbox"/> Yes <input type="checkbox"/> No Add to SPARS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tech Data? <input type="checkbox"/> Yes <input type="checkbox"/> No U-NNPI Restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No Reviewer: _____ Date: _____
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For New Suppliers of Production Material only - (If any attributes are checked, fill out fields for Experian Report Scores above)

"Expected" EB Critical Supplier:	<input type="checkbox"/> Navy Critical Supplier (EB lead per SAP) <input type="checkbox"/> Will supply Nuclear Material <input type="checkbox"/> Critical material (ship/crew safety)	<input type="checkbox"/> Will supply Level 1 material <input type="checkbox"/> High volume / dollar value <input type="checkbox"/> High schedule impact risk	<input type="checkbox"/> Will supply SUBSAFE material <input type="checkbox"/> Complex product / process <input type="checkbox"/> New design or 1 st time build
Supplier Type:	<input type="checkbox"/> (1) Manufacturer <input type="checkbox"/> (2) Distributor <input type="checkbox"/> (3) Vendor Survey Only	<input type="checkbox"/> (4) Freight Carrier <input type="checkbox"/> (5) Payee Only VDR (AP Value Only) <input type="checkbox"/> (6) One Time Vendor (AP Value Only)	<input type="checkbox"/> (7) Producer (QA Only) <input type="checkbox"/> (8) One Time Vendor P.O. Related

PRINT BUYER NAME: _____	SIGNATURE: _____	BUYER CODE: _____	DATE: _____
MANAGER SIGNATURE* _____		DATE: _____	
MATERIALS RISK COORDINATOR* _____		DATE: _____	

*Only required if Experian minimum thresholds are not met.

SECTION B: TO BE COMPLETED BY SUPPLIER

AN OFFICER OR AUTHORIZED REPRESENTATIVE OF SUPPLIER MUST COMPLETE THE FOLLOWING SECTION IN ITS ENTIRETY AND RETURN A SIGNED COPY TO EB PRIOR TO BEING CONSIDERED FOR ANY WORK WITH EB. IF ANY OF THE INFORMATION PROVIDED BY SUPPLIER IN THIS FORM CHANGES, SUPPLIER MUST PROMPTLY NOTIFY EB.

PRINCIPAL PLACE OF BUSINESS

Legal Entity Name: _____	Division (if applicable): _____
Point of Contact (POC): _____	POC Email: _____
Number & Street: _____	City / Town: _____
State: _____ Postal Code + 4 digit Zip: _____	Country: _____
Telephone: _____	Facsimile: _____

PERFORMANCE / MANUFACTURING ADDRESS **SAME AS PRINCIPAL ADDRESS**

Point of Contact (POC): _____	POC Email: _____
Number & Street: _____	City / Town: _____
State: _____ Postal Code + 4 digit Zip: _____	Country: _____
Telephone: _____	Facsimile: _____

REMITTANCE ADDRESS **SAME AS PRINCIPAL ADDRESS**

Point of Contact (POC): _____	POC Email: _____
Number & Street: _____	City / Town: _____
State: _____ Postal Code + 4 digit Zip: _____	Country: _____
Telephone: _____	Facsimile: _____

1099 Code (Check one):

- (1) Rentals and Leases
- (6) Medical/Healthcare Payments
- Other
- (5) Corporation, LLC that is not a single member, or Vendor of Goods
- (7) Individual, Individual DBA, Partnership, Single member LLC, LLP, Legal Services
- (F) Foreign

Offeror represents and certifies that it is a (check one):

- Large business
- Small business
- Non-U.S. Entity

If a small business concern, Offeror represents and certifies that it falls into the following small business categories (Refer to FAR 52.219-8(c)) (check all that apply):

- Woman-owned (W)
- Disadvantaged (D)
- Veteran-owned (V)
- Service Disabled Veteran-owned (S)
- Native American Indian Owned
- HUBZone (H)
- Historical Black College / Minority Institution (D)
- Alaska Native Corporation
- Native Hawaiian SB Concern
- Workshop approved by the Committee for Purchase from People Who are Blind or Severely Disabled

NOTICE: In accordance with FAR 52.219-9 (e), Offeror is hereby notified that there are penalties and remedies for misrepresentations of business status as small, veteran-owned small business, HUBZone small, small disadvantaged, or women-owned small business for the purpose of obtaining a subcontract under a U.S. Government contract.

Supplier's predominant NAICS Code: _____

(Note: Supplier must provide primary NAICS code, for assistance visit <http://www.census.gov/eos/www/naics/>)

Supplier's Data Universal Numbering System (DUNS) Number: _____

(Note: To do business with EB, Supplier will need to provide a DUNS number. Supplier can request a DUNS number by calling 1-866-705-5711.)

Supplier's CAGE or NCAGE Code: Yes List # _____ N/A

If a U.S. Entity / Person: EIN (Tax ID): _____ **or SSN:** _____

Does Supplier require an RMA number? Yes No

Does Supplier have any minimum order quantity? Yes No **If so, provide in space below (and on separate sheet if needed):**

Item: _____ Minimum Order Quantity: _____

Item: _____ Minimum Order Quantity: _____

Are Supplier sites unionized? YES NO

If yes, list all unions _____ **Contract Expiration Date(s):** _____

Section C: AUTHORIZED SIGNATURE OF SUPPLIER

Certification by an Official of Supplier or Supplier's Authorized Representative:

By submitting this information, I am attesting to the accuracy of the information contained herein. I understand that I may be subject to penalties imposed by the United States Government if I misrepresent any of the representations or certifications herein. I further acknowledge on behalf of Supplier that EB shall rely on the information provided by Supplier herein and that if any of Supplier's representations herein change during the period of performance, Supplier shall provide immediate written notice to the EB's representative to whom this document was originally provided. By signing below, I certify that I am duly authorized to sign this document on behalf of Supplier and that to the best of my knowledge, the information provided in this document is current, accurate, and complete as of the date set forth below.

Signature of Supplier or Supplier's Authorized Representative:

Supplier's Company Name:

Printed Name and Title of Signatory:

Company Address:

Date:

Telephone:

Email Address:

Facsimile:
