

Supplier Questionnaire/Profile

I. GENERAL INFORMATION

FIRM NAME		E-MAIL ADDRESS	
STREET ADDRESS		CITY / STATE / ZIP CODE	
MAILING ADDRESS, P.O. BOX (IF DIFFERENT FROM ABOVE)		CITY / STATE / ZIP CODE	
REMIT TO ADDRESS		CITY / STATE / ZIP CODE	
NAME AND TITLE OF CONTACT		TELEPHONE NO. ()	FAX NO. ()
MINORITY/WOMAN OWNED YES () NO ()		BONDING CAPABILITIES AMOUNT \$ _____	
NAME OF PRINCIPAL(S)	TITLE	*CLASSIFICATION TYPE	(M)ALE or (F)EMALE % OF OWNERSHIP
NAME OF ADDITIONAL PRINCIPAL(S)	TITLE	*CLASSIFICATION TYPE	(M)ALE or (F)EMALE % OF OWNERSHIP
LOCATION OF OFFICE(S) IN THE WASHINGTON METROPOLITAN AREA			
NUMBER OF EMPLOYEES	TYPE OF PRODUCT / SERVICE PROVIDED		SIC CODES
DATE ORGANIZED	TYPE OF OWNERSHIP (INDIVIDUAL, PARTNERSHIP, CORPORATION, GOVERNMENT AGENCY)		
PARENT COMPANY OF		SUBSIDIARY OF	

**Please use the following Classification Types:*

- M1** - African American Male
- M2** - African American Female
- M3** - Hispanic American Male
- M4** - Hispanic American Female

- M5** - Asian American/Pacific Islander Male
- M6** - Asian American/Pacific Islander Female
- M7** - Native American Indians/Native Alaskans Male
- M8** - Native American Indians/Native Alaskans Female

- M9** - Other (Please specify)
- WX** - White Female
- D1** - Disabled (Please specify)

II. BUSINESS CLASSIFICATION

CERTIFYING AGENCY (Please attach copy of certification):
WHERE DID YOU HEAR ABOUT EEI'S PROCUREMENT OPPORTUNITY PROGRAM?:

III. SAFETY PERFORMANCE

DO YOU CONDUCT PROJECT SAFETY INSPECTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHO CONDUCTS THESE INSPECTIONS FROM THE SITE STAFF?
NAME: _____	TITLE: _____ HOW OFTEN? _____

IV. ENVIRONMENTAL COMPLIANCE

DO FEDERAL, STATE AND LOCAL ENVIRONMENTAL REGULATIONS APPLY TO YOUR BUSINESS ACTIVITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF SO, PLEASE ATTACH A DESCRIPTION OF YOUR COMPLIANCE RECORD, INCLUDE THE NATURE OF ANY VIOLATIONS, THEIR STATUS, AMOUNT OF FINES, ETC.

V. WORK CLASSIFICATION

IS YOUR COMPANY: MANUFACTURER DISTRIBUTOR RETAILER WHOLESALER FACTORY REP OTHER _____
 CONSULTANT SERVICE REPAIR/MAINT. LEASING CONSTRUCTION

UNDER THE TOPICS BELOW, PLEASE LIST THE EACH PRODUCTS/SERVICES YOUR COMPANY PROVIDES AND INDICATE THEIR PERCENTAGE OF REVENUES

	PRODUCT/ SERVICE	% OF REVENUE	PRODUCT/ SERVICE	% OF REVENUE	PRODUCT/ SERVICE	% OF REVENUE
MANUFACTURING						
<input type="checkbox"/> Food & Kindred Products	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Apparel & Other Finished Products Made From Fabrics & Similar Materials	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Lumber & Wood Products, Except Furniture	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Furniture & Fixtures	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Paper & Allied Products	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Printing, Publishing & Allied Industries	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Chemicals & Allied Products	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Industrial & Commercial Machinery & Computer Equipment	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Electronic & Other Electrical Equipment and Components, Except Computer Equipment	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Miscellaneous Manufacturing Industries	_____	_____	_____	_____	_____	_____
TRANSPORTATION, COMMUNICATIONS ELECTRIC, GAS & SANITARY SERVICES						
<input type="checkbox"/> Transportation Services	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Communications	_____	_____	_____	_____	_____	_____
WHOLESALE TRADE						
<input type="checkbox"/> Wholesale Trade - Durable Goods	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Wholesale Trade - Non-Durable Goods	_____	_____	_____	_____	_____	_____
RETAIL TRADE						
<input type="checkbox"/> Home Furniture, Furnishings & Equipment	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Miscellaneous Retail	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Depository Institution	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Security & Commodity Brokers, Dealers, Exchanges & Services	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Insurance Carriers	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Insurance Agents, Brokers & Service	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Holding & Other Investment Offices	_____	_____	_____	_____	_____	_____
SERVICES						
<input type="checkbox"/> Business Services	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Miscellaneous Repair Services	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Legal Services	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Educational Services	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Social Services	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Museums, Art Galleries, and Botanical & Zoological Gardens	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Membership Organizations	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Engineering, Accounting, Research, Mgmt, & Related Services	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Services, Not Elsewhere Classified	_____	_____	_____	_____	_____	_____
OTHER:						
_____	_____	_____	_____	_____	_____	_____

LIST THE MANUFACTURERS FOR WHICH YOU ARE AN AUTHORIZED REPRESENTATIVE/DISTRIBUTOR

MANUFACTURER	CONTACT	TELEPHONE
_____	_____	_____
_____	_____	_____

THE UNDERSIGNED WARRANTS AND REPRESENTS THE DATA PROVIDED ABOVE IS ACCURATE IN EVERY RESPECT. QUESTIONNAIRE PREPARED BY:

Signature: _____

Name: _____

Title: _____

Date: _____