

REQUEST & APPROVAL FOR NEW SUPPLIERS (RANS)



**INSTRUCTIONS: ALL QUESTIONS SHOULD BE ANSWERED. QUESTIONS THAT ARE NOT APPLICABLE SHOULD BE IDENTIFIED "NA".
ENCLOSE TWO (2) COPIES OF YOUR COMPANY CAPABILITY STATEMENT, BROCHURE, OR LINE CARD.**

Company Name: _____ Street: _____ City, State, Zip Code: _____ Country: _____ Telephone Number: _____ Facsimile Number: _____ Internet Address: _____ Contact Name: _____ Email Address: _____	VTG USE ONLY Requested by: _____ / Div.#: _____ Vendor Number: _____ Set up for: <input type="checkbox"/> VTS <input type="checkbox"/> VTA <input type="checkbox"/> VTG <input type="checkbox"/> VTM FIN/EIN: _____ <input type="checkbox"/> 1099 Seller SSN/Tax ID Number Required for all 1099 Sellers SSN/Tax ID Number: _____ Date Est: _____ State Est: _____ DUNS Number: _____ No. of Employees: _____ <input type="checkbox"/> Remittance Address is different from Company address Street (1): _____ Street (2): _____ City: _____ State: _____ Zip Code: _____ Country: _____ Attn: _____ E-mail: _____ <input type="checkbox"/> Name and Address of Parent Firm Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Country: _____ <input type="checkbox"/> Previous names(s) for your organization _____
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Check all that apply.

Type of Ownership: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liab. Co. <input type="checkbox"/> Nonprofit Org. <input type="checkbox"/> Corporation <input type="checkbox"/> Division <input type="checkbox"/> Subsidiary <input type="checkbox"/> Affiliation <input type="checkbox"/> Franchise	Business Size Category: <input type="checkbox"/> Large Business <input type="checkbox"/> Small Business <input type="checkbox"/> Small Disadvantaged Business <i>(Attach a copy of your SDB Certification)</i> <input type="checkbox"/> Woman Owned Small Business (WOSB) <input type="checkbox"/> Historically Black Colleges & Universities and Minority Institutions (HBCU/MI) <input type="checkbox"/> HUBZone Small Business (HUBZone SB) <input type="checkbox"/> Veteran-Owned Small Business (VOSB) <input type="checkbox"/> Service-Disabled Veteran-Owned Small Business (SDVOSB) <input type="checkbox"/> Alaska Native Corporation(s) (ANC) and American Indian Tribes
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As prescribed in FAR 19.301 (d), the U.S. Government may impose a penalty against a firm misrepresenting its business size and/ or disadvantaged status for the purpose of obtaining a procurement that is to be included as a part of or all of a goal contained in VTG's subcontracting plan.

NEW Sellers: If the value of any or all procurements from your firm will or are expected to exceed \$10,000 USD for the current year, you must also compete VTG's *Annual Representations, Certifications and other Statements of Offerors or Quoters* before any order or contract can be awarded to your firm.

Will your firm be providing goods and/or services in support of a federal contract? If true, please indicate the answer that applies to your organization for the following statements:	True	False
The company and/or its principals are not presently debarred, suspended, or determined to be ineligible for an award of a contract by any federal agency in accordance with FAR 52.203-12.	<input type="checkbox"/>	<input type="checkbox"/>
The company and/or its principals comply with the non-segregated facilities requirements in accordance with FAR 52.222-21.	<input type="checkbox"/>	<input type="checkbox"/>
The company and/or its principals comply with the equal opportunity previous contracts and compliance reporting requirements in accordance with FAR 52.222-26.	<input type="checkbox"/>	<input type="checkbox"/>
The company and/or its principles comply with the "Limitation on Uses of Appropriated Funds to Influence Certain Federal Contracting and Financial Transactions (Public Law 101-121 Anti-Lobbying)" requirements in accordance with FAR 52.203-12.	<input type="checkbox"/>	<input type="checkbox"/>

REQUEST & APPROVAL FOR NEW SUPPLIERS (RANS)



Company Name: _____

Business Concern:

☐ U.S. ☐ Foreign

If Foreign, please provide the country of foreign ownership/concern.
Country: _____

NAICS Number(s):

Primary: _____ Secondary: _____
This information is necessary for our ESRS reporting requirements (Ref FAR 19.201)

Quality System:

ISO Registered: ☐ Yes ☐ No If yes, please provide additional information.
Type: ☐ ISO 9001 ☐ Other _____ (Please specify quality system)
Certificate No./Certifying Agency/Co.: _____
If answered "Yes" to "ISO Registered," provide a copy of the certificate.

Do you have approved government accounting, billing and timekeeping systems? ☐ Yes ☐ No

Do you have an approved government purchasing system? ☐ Yes ☐ No

THE SELLER, BY COMPLETION AND SUBMISSION OF THIS FORM, CERTIFIES THAT THE INFORMATION CONTAINED HEREIN IS TRUE, COMPLETE, AND ACCURATE AS OF THE DATE WRITTEN BELOW. SHOULD THE INFORMATION CONTAINED HEREIN CHANGE, THE SELLER AGREES TO NOTIFY VTG WITHIN A REASONABLE PERIOD SUBSEQUENT TO THE CHANGE. QUESTIONS CONCERNING THIS REQUEST MAY BE DIRECTED TO VTG AT 757-463-2800.

(TYPED NAME OF AUTHORIZED OFFICIAL) (TITLE) (SIGNATURE) (DATE)

VTG'S STANDARD PAYMENT TERMS ARE NET 60 DAYS. ANY OTHER TERMS MUST APPEAR ON A VTG PURCHASE ORDER OR SUBCONTRACT TO BE VALID.
PLEASE RETURN THIS FORM TO: **VTG, ATTN: PURCHASING, 448 VIKING DRIVE, SUITE 350, VIRGINIA BEACH, VA 23452**

(FOR VTG USE ONLY, DO NOT FILL IN INFORMATION BELOW THIS LINE)

A.	TYPE	<input type="checkbox"/> Non-critical	<input type="checkbox"/> Catalog Critical	<input type="checkbox"/> Proprietary Critical
B.	Quality System Verification	(Check all that apply and at least one – attach evidence documents)		
		<input type="checkbox"/> On-site or self-assessment of supplier's quality system (e.g., audit report)		
		<input type="checkbox"/> Past performance with similar products (e.g., statistical system)		
		<input type="checkbox"/> Known experience of other users (e.g., reports from other companies or business units)		
		<input type="checkbox"/> Annual data call from Quality		
		Note: In addition to supplier approval, component qualification to engineering requirements must be documented by Quality (e.g., first article inspection/test).		
C.	CATEGORY	(Requestor may recommend, but the Procurement/Purchasing Manager or Quality Manager may change):		
		<input type="checkbox"/> (P)ermanent		
		<input type="checkbox"/> (T)emporary	Expiration Date: _____	(To remove from AVL)
		<input type="checkbox"/> (C)onditional		(Review Status Annually)

Note: In case of other than Permanent approval, check all that apply at least once) Temporary – Customer requested for specific project or life of contract.
Conditional – Customer requested for an emergency requirement

Approvals: (Mfg., Operations, Quality Mgr, or Engineering will also sign if requested by Procurement/Purchasing Manager.)

Purchasing Manager:	_____	_____	_____
	Typed Name	Signature	Date
Quality Mgr:	_____	_____	_____
	Typed Name	Signature	Date
Mfg, TO, or Eng:	_____	_____	_____
	Typed Name	Signature	Date