

Supplier Approval Form

ALL pages are to be completed by supplier (Fill in blank spaces or check responses) - * denotes a required field!

<p>* Supplier legal name & main address</p> <p>* Shipping address (if different from main address)</p> <p>* Remittance address (if different from main address)</p> <p>* Customs broker company name & address <i>(if no appointed broker, please mark section as N/A)</i></p> <p>* Supplier has a Quality Management System ("QMS") Certification YES; <input type="checkbox"/> NO; <input type="checkbox"/> (Check only ONE Box) <i>If YES, identify the specific certification(s) are held and provide copies with this form;</i></p> <p>If NO, provide the following; Quality Managers Name: Quality Managers E-mail Address: Quality Managers Phone Number:</p>	<p>* Sales Office point of contact, phone# & e-mail;</p> <p>Accounts Dept. point of contact, phone# & e-mail;</p> <p>Supplier website address;</p> <p>* Canadian Suppliers: GST registration# Controlled Goods Program registration# CGP registration expiration date;</p> <p>* U.S. Suppliers: Company tax ID# Department of State registration# DoS registration expiration date;</p> <p>Supplier CAGE code (if applicable): Supplier NCAGE code (if applicable):</p> <p>Supplier DUNS (Data Universal Numbering System) number</p> <p>Project Information; Please describe nature of product/service being sold</p>
<p>Please provide references to 2 major companies you currently supply a product or service to;</p> <p>Company Name: Address: Contact name, e-mail and/or phone number;</p> <p>Company Name: Address: Contact name, e-mail and/or phone number;</p>	
<p>Supplier Classification Information (check all that apply)</p>	
<p>Business Classification</p> <p><input type="checkbox"/> Individual / Sole Proprietor or Single Member Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust / Estate <input type="checkbox"/> Government Agency <input type="checkbox"/> Nonprofit Organization</p>	
<p>Business Size (# of employees)</p> <p><input type="checkbox"/> Between 1-250 employees <input type="checkbox"/> Greater than 251 employees</p>	
<p>Business Size (\$ annual receipts in millions)</p> <p><input type="checkbox"/> Less than \$1M <input type="checkbox"/> \$1-4M <input type="checkbox"/> \$5-9M <input type="checkbox"/> \$10-24M <input type="checkbox"/> \$25-49M <input type="checkbox"/> \$50M+</p>	

Business Type

- Construction
- Consultant
- Service
- Software
- Testing
- Manufacturing Only
- Manufacturing / Authorized Distributor
- Manufacturing / Non-Franchised Distributor
- Non-Franchised Distributor Only
- Authorized / Franchised Distributor Only
- Authorized / Franchised and Non-Franchised Distributor

Business Category

- Prefer not to say
- None of the below
- Woman-owned business
- Woman-led business
- Veteran-owned business
- Indigenous-owned business
 - First Nations
 - Métis
 - Inuit
 - Other _____
 - Prefer not to say
- Visible minority-owned business
- Person(s) with a disability-owned business
- LGBTQ+-owned business

FOR SERVICE CONTRACTORS

List the Trade Affiliations applicable to your business and include copies of Letter(s) in Good Standing:

Environment, Health & Safety Contact

Name/Title

Phone#

E-mail address

*** I acknowledge that I have read, accept and comply with all Raytheon Canada Limited Terms & Conditions (check box)**

*** By signing this page, you certify to the best of your knowledge that the information provided above is true and accurate.**

Name (Print)		Title	
Signature:		Date	