



# VENDOR QUALIFICATION SHORT FORM

## INSTRUCTIONS:

Complete the form by filling in all the blanks. For questions that are not applicable place N/A in the blank. For yes or no questions type in or check the appropriate response, do not leave blank. Attach any additional certifications or information (not line sheets or sales information) that is relevant for qualification as a JEFFERSON vendor.

---

REGISTERED Company Name \_\_\_\_\_

Doing Business As (DBA) Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

OWNER/CEO Name \_\_\_\_\_ OWNER/CEO Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Marketing E-mail \_\_\_\_\_

*Enter applicable number:*

Federal Tax ID Number \_\_\_\_\_ **or** Social Security Number \_\_\_\_\_  
Name of SSN Owner \_\_\_\_\_

What percentage of your employees have lived and worked in the Texas counties of Jefferson, Hardin, Liberty or Chambers for at least one year \_\_\_\_\_

How long has your company been operating at your present address \_\_\_\_\_



# VENDOR QUALIFICATION SHORT FORM

----- COMPANY INFORMATION -----

Organization Type: Sole Owner  Corporation  S-Corp.

State of Incorporation/Registration? \_\_\_\_\_ Nonprofit?  Yes  No

Other Socioeconomic Factor(s)? \_\_\_\_\_

Domestic/Foreign Owned? \_\_\_\_\_

Is your company owned by a parent company?  Yes  No

Parent Company Name \_\_\_\_\_

Parent Company Address \_\_\_\_\_

Parent Company Tax ID \_\_\_\_\_

Are you: Small Business?  Minority-Owned Business?  Veteran-Owned Business?  Women-Owned Business?  Veteran Disabled-Owned Business?

Locally owned & operated?  Number of local employees \_\_\_\_\_

Other Socioeconomic Factor(s)? \_\_\_\_\_

Certifications: Minority?  Women-Owned?

Contact Information \_\_\_\_\_ Phone Number \_\_\_\_\_

Does your company accept credit cards?  Yes  No

What type of industry is your company (SIC) \_\_\_\_\_

Products/Services (short narrative): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Company's Web Site(s): \_\_\_\_\_

Did your company have a name change in the past 12 months?  Yes  No

Previous Name \_\_\_\_\_

Company Financial Dept Contact \_\_\_\_\_

Quality Assurance Contact \_\_\_\_\_



# VENDOR QUALIFICATION SHORT FORM

----- GENERAL INFORMATION -----

Area in Sq. Ft.: Manufacturing \_\_\_\_ Office \_\_\_\_ Total \_\_\_\_

Number of Personnel: Manufacturing \_\_\_\_ Quality Assurance \_\_\_\_ Engineering \_\_\_\_

Are clean room facilities used for manufacturing product? \_\_\_\_ Yes \_\_\_\_ No

What percentage of present work is: Government \_\_\_\_ Commercial \_\_\_\_ Other \_\_\_\_

Describe any special processes that you perform (e.g., plating, painting, soldering, welding, wire wrap, etc.). \_\_\_\_\_

Are you ISO-9000 certified? \_\_\_\_Yes \_\_\_\_No ISO Certificate Type \_\_\_\_\_

Registrar \_\_\_\_\_ Certificate Number \_\_\_\_\_

Expiration Date: ISO READY/Not Certified \_\_\_\_\_ Date of Certification \_\_\_\_\_

Registered or certified to any other Quality Management System or model?

\_\_\_\_Yes \_\_\_\_No Name: \_\_\_\_\_

----- QUALITY MANAGEMENT SYSTEM -----

Do you maintain operation policies and procedures for your quality management system? \_\_\_\_Yes  
\_\_\_\_No

Is an internal audit program maintained that reviews compliance with all aspects of the quality program? \_\_\_\_Yes \_\_\_\_No

Does the organizational structure define quality responsibility and authority? \_\_\_\_Yes \_\_\_\_No

Does the organizational structure provide access to top management? \_\_\_\_Yes \_\_\_\_No

Is the health and status of your quality management system periodically reviewed with management? \_\_\_\_Yes \_\_\_\_No

Do you have a documented employee training program? \_\_\_\_Yes \_\_\_\_No

Is the quality organization responsible for acceptance of product and services? \_\_\_\_Yes \_\_\_\_No

Are records of inspections and tests maintained? \_\_\_\_Yes \_\_\_\_No

Are quality data used in reporting results and trends to management? \_\_\_\_Yes \_\_\_\_No

Are quality records available to support customer certifications? \_\_\_\_Yes \_\_\_\_No



# VENDOR QUALIFICATION SHORT FORM

## ----- DESIGN INFORMATION -----

Do procedures cover the release, change, and recall of design and manufacturing information, including correlation of customer specification?  Yes  No

Do records reflect the incorporation of changes?  Yes  No

Does quality control verify that changes are incorporated at the effective points?  Yes  No

Is the control of design and manufacturing information applied to the procurement activity?  Yes  No

Is there a formal deviation procedure?  Yes  No

## ----- PROCUREMENT CONTROL -----

Are procurement sources evaluated and monitored?  Yes  No

Are quality requirements and inspection procedures specified?  Yes  No

Is a documented system maintained for the evaluation of purchased materials?  Yes  No

Are incoming materials identified and segregated until acceptance?  Yes  No

## ----- MATERIAL CONTROL -----

Do procedures exist for storage, release, and movement of material?  Yes  No

Are materials in storage identified and controlled?  Yes  No

Are in-process materials identified and controlled?  Yes  No

Are materials inspections identified and controlled?  Yes  No

Do storage areas and facilities provide control to protect material from degradation?  Yes  No

Do you have an electrostatic sensitive device protection program?  Yes  No

Are nonconforming items identified, segregated, and controlled?  Yes  No

If required, do you have the ability to provide tractability?  Yes  No

---