



Supplier Application – U.S. Based

INSTRUCTIONS: Please type or print all required fields legibly and return to: vetting@iapws.com. Standard Terms are NET45

LEGAL BUSINESS NAME:	DOING BUSINESS AS (DBA):
PHYSICAL BUSINESS ADDRESS:	REMIT ADDRESS (if different from Physical Address):

TYPE OF ORGANIZATION: (Select One):	FORMATION/ INCORPORATION STATE:	NAME OF PARENT COMPANY, if applicable:
--	--	---

BRIEF DESCRIPTION OF SERVICES AND/OR PRODUCTS: Please attach company profile or brochure, if available

PRIMARY NAICS CODE:	PRIMARY NAICS DESCRIPTION:
----------------------------	-----------------------------------

DUNS NUMBER:	CAGE CODE:	WEBSITE:
---------------------	-------------------	-----------------

Is Supplier registered in the SAM.Gov Database? N Y

Does the Supplier have any International Standards Organization (ISO) Certificate(s)? N Y If yes, please attach ISO Certificates.

To request a Duns Number, visit: <https://www.dnb.com/duns-number/get-a-duns.html> To register in SAM, visit: <https://www.sam.gov/SAM/pages/public/loginFAQ.jsf>
For assistance in determining NAICS Code visit: <https://www.census.gov/eos/www/naics/>

PERSONS AUTHORIZED TO RELEASE INFORMATION ON MATTERS CONCERNING PRICE QUOTES, BIDS, AND CONTRACTS IN BUSINESS NAME

NAME (First and Last):	E-MAIL ADDRESS:	TELEPHONE NO.:

OWNERS/PRINCIPALS (NOTE: Ownership must equal 100%)

Individual or Entity Name	Business Address	State of Incorporation	Ownership %

SELECT BUSINESS SIZE: **LARGE BUSINESS** **SMALL BUSINESS** IF SMALL, PLEASE CHECK ALL SMALL BUSINESS CATEGORIES THAT APPLY:

<input type="checkbox"/> Woman-Owned	<input type="checkbox"/> Small Disadvantaged	<input type="checkbox"/> Veteran-Owned	<input type="checkbox"/> Service-Disabled Veteran-Owned
<input type="checkbox"/> HUBZone Exp Date:	<input type="checkbox"/> Section 8(a) Exp Date:	<input type="checkbox"/> Alaskan Native Corporation (AND) AND Native American Tribes	

The Supplier is required to notify vetting@iapws.com of any changes to the above information.

Please download, review and acknowledge:

IAP SUPPLIER CODE OF CONDUCT <https://www.iapws.com/wp-content/uploads/2018/10/IAP-SUPPLIER-CODE-OF-CONDUCT.pdf>

The signature below certifies that the information supplied herein (including all pages attached) is true and correct and that neither the applicant, nor any person in any connection with the applicant, as a principal or officer, so far as is known, is now debarred or otherwise declared ineligible by any agency of the federal Government. An electronic transmission or copy of this document shall be considered the same as the original. **The Undersigned acknowledges, on behalf of the Supplier, that Supplier has received, read and will comply with IAP's Supplier Code of Conduct.** The foregoing acknowledgment is mandatory unless the supplier produces evidence of similar policies and standards.

Printed Name	Title of Authorized Signatory	Date	Signature