

March 19, 2010



Dear Supplier:

You have either recently or will shortly receive an inquiry to bid on one of our products. As a supplier or potential new supplier to AM General LLC, we are in need of obtaining information regarding your company. We are required, as a government contractor, to solicit this data for reporting purposes under Part 19 of the Federal Acquisition Regulations (FAR).

<b>Company Information:</b>	
<b>Name:</b> _____	<b>Congressional District</b> _____
<b>Address:</b> _____	<b>Phone No:</b> _____
<b>City:</b> _____	<b>Fax No:</b> _____
<b>State &amp; (9 digit) Zip:</b> _____	<b>NAICS Code:</b> _____

<b>Contact Information:</b>	
<b>President:</b> _____	<b>Vice President:</b> _____
Business Phone: _____	Business Phone: _____
Cell Phone: _____	Cell Phone: _____
E-Mail: _____	E-Mail: _____
<b>Sales Mgr:</b> _____	<b>Quality Mgr.:</b> _____
Business Phone: _____	Business Phone: _____
Cell Phone: _____	Cell Phone: _____
E-Mail: _____	E-Mail: _____

<b>Duns &amp; Bradstreet (Duns, D &amp; B) Number(s):</b> (Complete all that apply)	
<b>Manufacturing #:</b> _____	<b>Remit to Location #:</b> _____
Address: _____	Address: _____
_____	_____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
<b>Orders/Correspondence #:</b> _____	<b>Goods Receipts #:</b> _____
Address: _____	Address: _____
_____	_____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

Company Classification: Mark all that apply.

Small Business<sup>4</sup>                       Other Than Small Business<sup>5</sup>                       Foreign (non-U.S.) Business<sup>2</sup>

**If Small Business: Mark all that apply.**

Women-Owned Small Business<sup>1</sup>

Small Disadvantaged Business<sup>3</sup> (Self Certify)

Veteran Owned Small Business<sup>7</sup>

SBA Certified HUBZONE Business

Service Disabled Veteran Owned Business<sup>8</sup>

Place of Performance is outside of U.S. (indicate where \_\_\_\_\_)<sup>10</sup>

**Note: IF IN DOUBT, CONTACT THE SMALL BUSINESS ADMINISTRATION OFFICE IN YOUR AREA**

A Division of: \_\_\_\_\_

Name and Address of Parent Company:

A Subsidiary of: \_\_\_\_\_

\_\_\_\_\_

Independently Owned and Operated

\_\_\_\_\_

Are you a Manufacturer  or a Distributor

\_\_\_\_\_

Union Affiliation(s): \_\_\_\_\_

Please note the following information regarding AM General standard business practices:

Incoterms: FOB Origin

Payment Terms: Net 30

The undersigned, on behalf of the Seller, certifies the information contained in this form to be true and correct to the best of Seller's knowledge. I recognize that AM General LLC may forward these certifications to the U.S. Government; and that, if any of the above statements are intentionally false, I may be subject to the penalties prescribed in 18 U.S.C. 1001.

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Your prompt handling of this matter would be appreciated.

Sincerely,

Donald F. Plude  
Executive Director – Supply Management

***UNLESS DIRECTED OTHERWISE, PLEASE RETURN THIS CERTIFICATION TO:***

**HMMWV/SPLO:**  
**AM GENERAL LLC**  
105 North Niles Avenue  
South Bend, Indiana 46617  
Attn: Georganna Novak, Supply Chain Management  
Email: [Georganna.Novak@amgeneral.com](mailto:Georganna.Novak@amgeneral.com)

**LIVONIA:**  
**AM GENERAL LLC**  
12200 Hubbard Rd  
Livonia, MI 48151  
Attn: Melinda Johnson, Supply Chain Management  
Email: [Melinda.Johnson@amgeneral.com](mailto:Melinda.Johnson@amgeneral.com)

*For Internal Purposes Only:*

SAP Designated Business Classification Code: \_\_\_\_\_

## Form Instructions

**Company Information:** Please provide the Company Name, Address, Telephone, Fax number and Congressional District where work will be performed.

**NAICS Code:** North American Industry Classification System Code (For information on NAICS Codes please see <http://www.census.gov/eos/www/naics/>)

**Contact Information:** Please provide the name, business and cell phone numbers, and email addresses for the Company President, Vice President, Sales Manager and Quality Manager.

**Duns and Bradstreet Number(s):** Please identify each applicable DUNs number and other requested information.

**Company Classification:** Please check all applicable categories:

**Small Business:** Business which is located in the U.S, organized for profit, is independently owned & operated, not dominant in field of operations in which it is bidding AND meets Small Business Administration (SBA) size standards. Small business size standards define the maximum size that a firm, including all of its affiliates, may be. A size standard is typically stated in number of employees or average annual receipts. The SBA size standard table can be found at: [http://www.sba.gov/idc/groups/public/documents/sba\\_homepage/serv\\_sstd\\_tablepdf.pdf](http://www.sba.gov/idc/groups/public/documents/sba_homepage/serv_sstd_tablepdf.pdf)

**Other Than Small Business:** Check if the number of employees or average annual receipts exceed the SBA size standard for Small Businesses.

**Foreign Owned:** Check if business is owned by a non-domestic source. A foreign contractor means a contractor or subcontractor organized or existing under the laws of a country other than the United States.

**Veteran Owned Small Business:** Check if business is a small business, not less than 51% of which is owned by one or more veterans (as defined at 38 U.S.C. 101(2)), and the management and daily business operations of which are controlled by one or more veterans.

**SBA Certified HUBZONE Business:** Check if business is a small business, and is located in a Historically Underutilized Business Zone (HUBZONE) (See <http://www.sba.gov/hubzone/index.html>). SBA certification is required.

**Small Disadvantaged Business:** Check if business is a small business, not less than 51% of which is owned by one or more socially and economically disadvantaged individuals, and the management and daily business operations of which are controlled by one or more socially and economically disadvantaged individuals.

**Women Owned Small Business:** Check if business is a small business, not less than 51% of which is owned by one or more women, and the management and daily business operations of which are controlled by one or more women.

**Service Disabled Veteran Owned Business:** Check if business is a Veteran Owned Small Business, not less than 51% of which is owned by one or more service disabled veterans, and the management and daily business operations of which are controlled by one or more service disabled veterans or in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran.

**Place of Performance if outside of U.S.** If contract effort will be performed outside of the U.S., identify the country where performance will take place.

**Union Affiliations:** Identify any company-union affiliations, as well as the corresponding union contract expiration date.

**Incoterms:** Commonly-used trading terms that comply with the standards established by the International Chamber of Commerce (ICC). AMG standard Incoterms is FOB Origin.