

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).

Company Information:	
Name: _____	Congressional District _____
Address: _____	Phone No: _____
City: _____	Fax No: _____
State & (9 digit) Zip: _____	NAICS Code: _____

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

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

Company Classification: Mark all that apply.

Small Business Other Than Small Business (Large) Foreign (non-U.S.) Business

If Small Business, Check any/all that apply:

Women-Owned Small Business Veteran Owned Small Business
 Small Disadvantaged Business (Self Certify**) Service Disabled Veteran Owned Business
 SBA Certified HUBZONE Business
 Place of Performance is outside of U.S. (indicate where _____)

** If checked, Supplier's signature below indicates it qualifies as a small disadvantaged business (SDB) for any Federal subcontracting program, and believes in good faith that it is owned and controlled by one or more socially and economically disadvantaged individuals and meets the SDB eligibility criteria of 13 CFR 124.1002.

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

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

LIVONIA:
AM GENERAL LLC
12200 Hubbard Rd
Livonia, MI 48151
Attn: Melinda Johnson, Supply Chain Management
Email: 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

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.