

## AAI / Textron Systems Potential Supplier Profile

Please answer all applicable fields:

<b>Today's Date</b>	
<b>Demographic Information</b>	
<b>Company Name</b>	
<b>Address Line 1</b>	
<b>Address Line 2</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Congressional District</b>	
<b>Contact Information</b>	
<b>Name</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Email</b>	
<b>Website</b>	
<b>Company Information</b>	
<b>Name of Principal Owner</b>	
<b>DUNS Number</b>	
<b>Cage Code</b>	
<b>Primary NAICS Code</b>	
<b>Primary NAICS Code Description</b>	
<b>Business Start Date (mm/dd/yyyy)</b>	
<b>Average Number of Employees</b>	
<b>Average Annual Revenue</b>	
<b>US Govt Approved Accounting System? Yes or No</b>	
<b>Certifications</b>	
<b>AS 9100 Certified? Yes or No</b>	
<b>AS 9120 Certified? Yes or No</b>	
<b>ISO 9000 Certified? Yes or No</b>	

CMI Certified? Yes or No Yes, what level?	If	
Level of Government Security (indicate level or N/A)		
<b>Company Structure</b> (complete all that apply or N/A)		
US Owned? Yes or No		
Foreign Owned? Yes or No		
Foreign Owned and located outside of the US? Yes or No		
Division of:		
Subsidiary of:		
Affiliate of:		
Registered in Dynamic Small Business Search? Yes or No		
Registered in SAMS? Yes or No		
<b>Business Size Classification</b> (check X only on the ones that apply to your business )		
Large Business (LB)		
Minority Owned Business		
Small Business (SB)		
SBA <b>Certified</b> Small Disadvantaged Business (SDB)		
SDB Entrance Date (mm/dd/yyyy)		
SDB Exit Date (mm/dd/yyyy)		
SBA Certified 8(a) Program		
8(a) Entrance Date (mm/dd/yyyy)		
8(a) Exit Date (mm/dd/yyyy)		
<b>Self-Certified</b> Small Disadvantaged Business (SDB)		
Women-Owned Small Business (WOSB)		
Historically Black College or University		
Minority Institution		
SBA <b>Certified</b> HUBZone Small Business (HZ)		
HZ Entrance Date (mm/dd/yyyy)		

<b>HZ Exit Date (mm/dd/yyyy)</b>	
<b>Veteran-Owned Small Business (VOSB)</b>	
<b>Service Disabled Veteran-Owned Small Business (SDVOSB)</b>	
<b>Native American Owned (NA)</b>	
<b>Indian Tribe Owned (IT)</b>	
<b>Alaska Native Corporation (ANC)</b>	
<b>Lesbian, Gay, Bisexual and Transgender Individuals (LGBT)</b>	
<b>Ability One</b>	
<b>Commodity and Type of Business</b> (list main items that apply by category for consideration and not entire product line which can be viewed from your website)	
<b>Manufacturer</b>	
<b>Distributor</b>	
<b>Service</b>	
<b>Research and Development</b>	
<b>Other</b>	

Once complete, please save a local copy and then email the form