

SOLICITATION MAILING LIST APPLICATION

1. TYPE OF APPLICATION
 INITIAL REVISION

2. DATE

OMB No.: 9000-0002
 Expires: 10/31/97

NOTE: Please complete all items on this form. Insert N/A in items not applicable. See reverse for instruction.

Public reporting burden for this collection of information is estimated to average .58 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (MVR), Federal Acquisition Policy Division, GSA, Washington, DC 20405.

3. SUBMIT TO	a. FEDERAL AGENCY'S NAME				4. APPLICANT	a. NAME		
	b. STREET ADDRESS					b. STREET ADDRESS		c. COUNTY
	c. CITY	d. STATE	e. ZIP CODE			d. CITY	e. STATE	e. ZIP CODE
5. TYPE OF ORGANIZATION (Check one)						6. ADDRESS TO WHICH SOLICITATIONS ARE TO BE MAILED (If different than item 4)		
<input type="checkbox"/> INDIVIDUAL		<input type="checkbox"/> NON-PROFIT ORGANIZATION				a. STREET ADDRESS		b. COUNTY
<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> CORPORATION, INCORPORATED UNDER THE LAWS OF THE STATE OF:				c. CITY		d. STATE e. ZIP CODE

7. NAMES OF OFFICERS, OWNERS, OR PARTNERS

a. PRESIDENT	b. VICE PRESIDENT	c. SECRETARY
d. TREASURER	e. OWNERS OR PARTNERS	

8. AFFILIATES OF APPLICANT

NAME	LOCATION	NATURE OF AFFILIATION

9. PERSONS AUTHORIZED TO SIGN OFFERS AND CONTRACTS IN YOUR NAME (Indicate if agent)

NAME	OFFICIAL CAPACITY	TELEPHONE NUMBER	
		AREA CODE	NUMBER

10. IDENTIFY EQUIPMENT, SUPPLIES, AND/OR SERVICES ON WHICH YOU DESIRE TO MAKE AN OFFER (See attached Federal Agency's supplemental listing and instruction, if any)

11a. SIZE OF BUSINESS (See definitions on reverse) <input type="checkbox"/> SMALL BUSINESS (If checked, complete items 11B and 11C) <input type="checkbox"/> OTHER THAN SMALL BUSINESS	11b. AVERAGE NUMBER OF EMPLOYEES (including affiliates) FOR FOUR PRECEDING CALENDAR QUARTERS	11c. AVERAGE ANNUAL SALES OR RECEIPTS FOR PRECEDING THREE FISCAL YEARS \$
12. TYPE OF OWNERSHIP (See definitions on reverse) (Not applicable for other than small businesses) <input type="checkbox"/> DISADVANTAGED BUSINESS <input type="checkbox"/> WOMAN-OWNED BUSINESS	13. TYPE OF BUSINESS (See definitions on reverse) <input type="checkbox"/> MANUFACTURER OR PRODUCER <input type="checkbox"/> CONSTRUCTION CONCERN <input type="checkbox"/> SURPLUS DEALER <input type="checkbox"/> SERVICE ESTABLISHMENT <input type="checkbox"/> RESEARCH AND DEVELOPMENT	

14. DUNS NO. (if available)	15. HOW LONG IN PRESENT BUSINESS?
16. FLOOR SPACE (Square Feet/M ²)	
a. MANUFACTURING	b. WAREHOUSE
17. NET WORTH	
a. DATE	b. AMOUNT \$

18. SECURITY CLEARANCE (If applicable, check highest clearance authorized)

FOR	TOP SECRET	SECRET	CONFIDENTIAL	c. NAMES OF AGENCIES GRANTING SECURITY CLEARANCES	d. DATES GRANTED
a. KEY PERSONNEL					
b. PLANT ONLY					

The information supplied herein (including all pages attached) is correct and neither the applicant nor any person (or concern) 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 from making offers for furnishing materials, supplies, or services to the Government or any agency thereof.

19a. NAME OF PERSON AUTHORIZED TO SIGN (Type or print)	20. SIGNATURE	21. DATE SIGNED
19b. TITLE OF PERSON AUTHORIZED TO SIGN (Type or print)		