

BWX Technologies, Inc.

VENDOR DATA – REPRESENTATIONS AND CERTIFICATIONS

1. Company Legal Name/DBA and if applicable, Corporate (HQ) address:	2. Chief Executive Officer: First M.I. Last <hr/> Title: Preferred name:
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NOTE: If more than one address exists for your company, complete this form for each address that may provide goods/services to BWXT. Enter total number of addresses for your company in Item No. 3B.

3. Order From Street Address: City: State: Zip: County: Telephone: FAX: Web Address: Federal Tax Identification No.: SSN: (If T.I.D. No. N/A) Dun's No. NAICS No.: U.S. Congressional District Executive in Charge at Address #3: First M.I. Last Title: Pref. Name: Number of Employees at Address #3: Hub Zone Small Business (HZ): <input type="checkbox"/> Yes <input type="checkbox"/> No Union Affiliate: Contract Expiration Date:	Remit To Street Address: City: State: Zip: County: 3A. Address Type (Check All Types Applicable to the Address in No. 3): <input type="checkbox"/> Sales <input type="checkbox"/> Buyer (for Surplus) <input type="checkbox"/> Payment <input type="checkbox"/> Corporate Headquarters <input type="checkbox"/> Manufacturing 3B. Total Number of Addresses for Company in No. 1: Principle Point of Contact at Your Company for the BWXT Purchasing Org. Name: Title: Telephone: E-Mail: 4A. Your Normal F.O.B. Point (city & state): 5A. Your Normal Payment Terms: 4B. Your Normal Freight Terms: 5B. Your Normal Discount Terms:	
6. Business Category (Check One) for Item 1 per Small Business Administration <input type="checkbox"/> Large (LB) <input type="checkbox"/> Small Veteran-Owned (VO) <input type="checkbox"/> Small (SB) <input type="checkbox"/> Small Disabled Veteran-Owned (SDVO) <input type="checkbox"/> Small Disadvantaged (SD) <input type="checkbox"/> Hist. Black Colleges & Universities (HBCU) <input type="checkbox"/> Small Woman-Owned (WO) <input type="checkbox"/> Certified 8A 8. U.S. owned? <input type="checkbox"/> Yes <input type="checkbox"/> No Incorporated under U.S. laws? <input type="checkbox"/> Yes <input type="checkbox"/> No Non-U.S. citizens at above location(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Category (Check Only One): <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Division <input type="checkbox"/> Subsidiary <input type="checkbox"/> Affiliate <input type="checkbox"/> Corporation Existing under the Laws of: _____	
9. Provide a brief description of the products/services manufactured/performed at the address in Item 3: _____ _____ _____		
10. Do you currently hold an active DOD/DOE facility clearance? <input type="checkbox"/> No <input type="checkbox"/> Yes – Level: _____	11. Are you registered with DLSC-FBA (via DD-Form 2345) to receive export-controlled technical data: <input type="checkbox"/> No <input type="checkbox"/> Yes – Reg. No.: _____	
Signature of Person Completing This Form	Title	Date

COMPLETE BELOW FOR ITEM 12, IF APPLICABLE

12. Parent Corporation 14. Business Category (Check One) per Small Business Administration <input type="checkbox"/> Large (LB) <input type="checkbox"/> Small Veteran-Owned (VO) <input type="checkbox"/> Small (SB) <input type="checkbox"/> Small Disabled Veteran-Owned (SDVO) <input type="checkbox"/> Small Disadvantaged (SD) <input type="checkbox"/> Hist. Black Colleges & Universities (HBCU) <input type="checkbox"/> Small Woman-Owned (WO) <input type="checkbox"/> Certified 8A 16. U.S. owned? <input type="checkbox"/> Yes <input type="checkbox"/> No Incorporated under U.S. laws? <input type="checkbox"/> Yes <input type="checkbox"/> No Non-U.S. citizens at above location(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Parent D&B Number 15. Total Number of Employees: 17. Category (Check Only One): <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Division <input type="checkbox"/> Subsidiary <input type="checkbox"/> Affiliate <input type="checkbox"/> Corporation Existing under the Laws of: _____
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