

Supplier Certification Form

Request Type	
Is this a new request, or are you updating information?	<input type="checkbox"/> New <input type="checkbox"/> Update
For Updates, please describe changes:	

Section 1. Business Identification

Requests for Quotations, Proposals, Purchasing Agreements, and communication will be sent to the Supplier Contact name and the email specified below.

Is your Company Incorporated in the US?		If "No", please specify location of incorporation:	
For US Suppliers, please provide W-9 – Latest IRS.Gov Version			
Supplier Business Name			
Doing Business As (DBA)			
Has your company name changed in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes provide Previous Name and Date of ownership change below):			
Previous Name		Date of ownership change	
URL		Number of Employees	
Federal Tax Identification Number (TIN or SSN) <small>Must match IRS W9 Form (US Vendors only)</small>			
Cage Code		DUNS	
Unique Entity ID (Government Award - UEI is mandatory)			
Is your company fully registered in SAM.GOV?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, the supplier verifies the representations and certifications posted electronically are current, accurate and complete.			
<small>The System for Award Management (SAM) has phased out the use of DUNS numbers. SAM will issue each company a "Unique Entity Identifier" (UEI). Please provide your UEI (in addition to the DUNS). To register or identify the new SAM UEI, please refer to https://sam.gov/content/home. FAQ and registration process is located at https://sam.gov/content/duns-uei. SAM Help Desk located at https://sam.gov/content/help</small>			
Supplier Corporate Address Details			
Address 1:			
Address 2:			
City		State	
		9-digit Zip	
Country (Use 2-digit ISO Code):			
Contact Name			
Contact Position			
Contact Phone Number			
Contact Email Address			
AR Contact Name			
AR email (mandatory)			
AR Phone			
Remit/Check Address If Different From Above			
Address 1:			
Address 2:			
City		State	
		9-digit Zip	
Country (Use 2-digit ISO Code):			
Remit/Check Email			

Please fill out Payment Instruction Form SCM-715-8-1-F-3 to provide Electronic Payment Details

Section 2. Business Type (Check all that apply)

<input type="checkbox"/> Agent/Broker	<input type="checkbox"/> Distributor	<input type="checkbox"/> OEM	<input type="checkbox"/> Aircraft Repair Station	<input type="checkbox"/> COTS
<input type="checkbox"/> Individual	<input type="checkbox"/> Independent Consultant	<input type="checkbox"/> Facility Supplier (Lease/Rent)	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Utilities
<input type="checkbox"/> Calibration	<input type="checkbox"/> Medical products	<input type="checkbox"/> Medical Services	<input type="checkbox"/> Food Services	<input type="checkbox"/> Professional Services
<input type="checkbox"/> Commercial Services	<input type="checkbox"/> IT Services	<input type="checkbox"/> Lodging	<input type="checkbox"/> Staffing	<input type="checkbox"/> Travel
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Consulting	<input type="checkbox"/> Freight	<input type="checkbox"/> Training	<input type="checkbox"/> Software
<input type="checkbox"/> Gov't Entity	<input type="checkbox"/> Gov't Connections	<input type="checkbox"/> Gov't Controlling interest	<input type="checkbox"/> Other _____	
Do you provide Aviation, Space or Marine products or services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
For Services, are you working on an Amentum, Government, or other Customer site?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Main Materials/Service Offerings (Please explain):				

Section 3. International Anti-Corruption Compliance Certificate

By signing this document, the company or individual certifies that all pertinent individuals (officers, directors, employees, et al) are familiar with the anti-corruption and bribery laws and regulations in the country(ies) where the Party may perform work for Amentum (“relevant anti-corruption laws and regulations”).

The Party understands that the relevant anti-corruption laws and regulations prohibit corruptly giving or offering to give any money or anything else of value, to or for the benefit of any government official, political party, party official or candidate, or to any other person while knowing that all or part of the payment or thing of value will be offered or passed on to that individual in order to obtain or retain business or direct business to any person in connection with any aspect of Amentum’s, its subsidiaries’, and/or affiliates’, business.

The Party hereby confirms its obligation and agreement to comply with the relevant anti-corruption laws and regulations.

The Party hereby confirms that it has not, and no one working on behalf of the Party, including its owners, directors, officers and other employees, agents, subcontractors, and consultants, has requested, received or been offered (or has made, promised or offered) a corrupt payment or has otherwise violated the relevant anti-corruption laws and regulations.

The Party further confirms that if it or anyone else working on behalf of the Party should learn of information regarding any such payment or offer, or any other violation of the relevant anti-corruption laws and regulations, it will immediately notify Amentum’s Legal Department.

Section 4. Other Business Information

Business Size Type (SELECT ONLY ONE then proceed to Business Ownership Section below)			
<input type="checkbox"/> Small Business	<input type="checkbox"/> Large Business	<input type="checkbox"/> Foreign-Owned (Non-US)	<input type="checkbox"/> Non-Profit
Business Ownership (Select all that apply if minority or disadvantaged proceed to Section below)			
<input type="checkbox"/> Woman-owned (51%)	<input type="checkbox"/> Veteran-owned		
<input type="checkbox"/> Minority Owned (51%)	<input type="checkbox"/> Service-Disabled Veteran-Owned		
<input type="checkbox"/> Small Disadvantaged (See ** Below)	<input type="checkbox"/> Historically Black College/Minority Institution		
<input type="checkbox"/> HUBZone (certified by SBA) Expiration Date: _____	<input type="checkbox"/> Alaska Native Corporation (ANC)		
**SELF-CERTIFIED SDB'S must meet the criteria in 13 CFR Part 124		<input type="checkbox"/> Mentor-Protégé? Program	
Many companies operate with Several NAICS, list the primary NAICS first and follow with any additional NAICS. Please indicate whether you qualify as a small business in any of the NAICS listed.			
Supply/Service _____	NAICS _____	<input type="checkbox"/> Small Business	
Supply/Service _____	NAICS _____	<input type="checkbox"/> Small Business	
Supply/Service _____	NAICS _____	<input type="checkbox"/> Small Business	
Supply/Service _____	NAICS _____	<input type="checkbox"/> Small Business	
You may wish to review the definitions for the above categories in the Federal Acquisition Regulation 19.7 or 52.219-8. If you have difficulty ascertaining your size status, please refer to SBA's website at Table of size standards (sba.gov) or contact your local SBA office.			
Notice: Under 15 USC .645(d), any person who misrepresents a firm's status as a business concern that is small, HUBZone small, small disadvantaged, service-disabled veteran-owned small, economically disadvantaged women-owned small, or woman-owned small eligible under the WOSB Program in order to obtain a contract to be awarded under the preference programs established pursuant to section 8, 9, 15, 31, and 36 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall- (1) Be punished by imposition of fine, imprisonment, or both; (2) be subject to administrative remedies, including suspension and debarment; and (3) be ineligible for participation in programs conducted under the authority of the Act.			
If you do business under additional NAICS codes, please include a copy of your System for Award Management (SAM) FAR/DFARS Report (SAM.gov Home), or an applicable Representation and Certification Document (To obtain NAICS info: https://www.census.gov/naics/ or https://www.naics.com/search/)			

The Company representative signing below represents that he or she is authorized to sign this questionnaire on behalf of the Company and that Amentum may rely upon a scanned or faxed signature as binding upon the Company.

The Company understands that Amentum will rely on the above information and other business information provided by the Company in determining whether to enter into an agreement with the Company regarding the Project (as it may change from time to time), and that in addition to any other remedies that may be available, any false or misleading information by the Company shall be grounds for the immediate termination of any such agreement.

The Company represents warrants and agrees that it has read the Amentum Supplier Code of Conduct, that the Company is able to abide by it, and that if the Company is selected by Amentum, the Company will execute and comply with the Amentum Business Partner Code of Conduct ([Doing Business With Us | Amentum](#)).

The Company accepts the Amentum PO Terms and Conditions ([Doing Business With Us | Amentum](#)) unless otherwise negotiated and mutually agreed in writing through signature by both Supplier and Amentum Procurement Authority.

The company understands that Amentum Standard Payment Terms are Net 45 days. Any deviation will need to be approved through the procurement representative.

Section 5. Certification

The Company certifies that the representations and information stated herein are current, accurate and complete. The Company agrees to notify Amentum Services, Inc. (Amentum) of any changes to the information provided on this profile.

Authorized Signature		
Name	Title	Date

Please be sure your signature is handwritten or a digital time-stamped signature, otherwise it will be rejected.