



DRS TEST & ENERGY MANAGEMENT, INC.

SUPPLIER DATA SHEET

IF YOU DESIRE TO BECOME A POTENTIAL SUPPLIER TO DRS TEST & ENERGY MANAGEMENT, INC. (TEM), PLEASE COMPLETE THE FOLLOWING AND SEND TO:

DRS Test & Energy Mgt., Inc.
 P.O. Box 1929
 110 Wynn Drive
 Huntsville, Alabama 35807-0929
 Attn: Purchasing Department
 Fax: 256-895-2039

1. FULL NAME OF COMPANY:	CONTACT NAME AND TELEPHONE:		
ADDRESS OF SALES OFFICE:	ADDRESS OF PLANT:		
2. PRIMARY PRODUCT OR CAPABILITY:	SECONDARY PRODUCT OR CAPABILITY:		
3. CHECK ONE: CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/>			
TAXPAYER IDENTIFICATION NUMBER (TIN):			
SUBSIDIARY OF:	SUBSIDIARIES:		
NO. OF EMPLOYEES NORMALLY ASSIGNED TO:			
FACTORY _____	TECHNICAL _____	ADMINISTRATION _____	TOTAL _____
PLANT AREA (SQ. FT.) ASSIGNED TO:			
FACTORY _____	TECHNICAL _____	ADMINISTRATION _____	TOTAL _____
4. PLANT MACHINERY AND EQUIPMENT:	DESCRIBE SPECIAL LABORATORY FACILITIES:		
DESCRIBE LIMITING FACTORS SUCH AS MATERIAL SIZE, TOLERANCE, VOLUME:			
5. PRINCIPAL PRODUCTS MANUFACTURED IN THE PAST	PRINCIPAL CUSTOMER	MIL.	NON-MIL.
_____	_____	_____	_____
-	_____	_____	_____
_____	_____	_____	_____
-	_____	_____	_____
_____	_____	_____	_____
-	_____	_____	_____

SUPPLIER DATA SHEET (Continued)

6. NAMES OF COMPANIES OR GOV. AGENCIES FOR WHOM WORK IS PRESENTLY BEING DONE IN PLANT.		
NAME	NAME	
7. NAMES AND ADDRESSES OF CONCERNS WHO CAN PROVIDE INDEPENDENT DATA ON PAST DELIVERY PERFORMANCE.		
COMPANY	INDIVIDUAL	ADDRESS AND PHONE:
		-
		-
		-
8. PLANT CAPACITY IMMEDIATELY AVAILABLE:		
9. DATE STARTED DOING BUSINESS:		ANNUAL SALES VOLUME FOR PAST THREE YEARS:
APPROXIMATE CAPITAL INVESTMENT \$ _____	NET WORTH \$ _____	
LIST PRINCIPAL BANKING REFERENCE:		
10. (A) IF APPROVED EITHER TO ISO-9001 OR 9002 QUALITY ASSURANCE SPECIFICATIONS, BY WHOM:		
(B) IF NOT, BRIEFLY DESCRIBE ORGANIZATIONAL STRUCTURE RELATIVE TO QUALITY ASSURANCE.		
(C) DOES YOUR FIRM USE STATISTICAL PROCESS CONTROL (SPC) METHODS?		
11. THE UNDERSIGNED CERTIFIES TO PEI ELECTRONICS, INC. THAT:		
(A) IT IS <input type="checkbox"/>	IS NOT <input type="checkbox"/>	A SMALL BUSINESS CONCERN AS DEFINED BY THE SMALL BUSINESS ADMINISTRATION - SEE FAR 52.219-1 OR CFR TITLE 13 PART 121
(B) IT IS <input type="checkbox"/>	IS NOT <input type="checkbox"/>	A SMALL BUSINESS CONCERN AT LEAST 51% OWNED AND CONTROLLED BY SOCIALLY AND ECONOMICALLY DISADVANTAGED INDIVIDUALS AS DEFINED BY PUBLIC LAW, FAR 52.219-8 OR 19.101.
(C) IT IS <input type="checkbox"/>	IS NOT <input type="checkbox"/>	AT LEAST 51% OWNED AND CONTROLLED BY A WOMAN OR WOMEN.
(D) IT IS <input type="checkbox"/>	IS NOT <input type="checkbox"/>	A HUBZONE SMALL BUSINESS CONCERN.
(E) IT IS <input type="checkbox"/>	IS NOT <input type="checkbox"/>	A SERVICE-DISABLED VETERAN OWNED SMALL BUSINESS CONCERN.
(F) IT IS <input type="checkbox"/>	IS NOT <input type="checkbox"/>	A VETERAN-OWNED SMALL BUSINESS CONCERN.
SUBMITTED BY:	TITLE:	DATE: