|  |  |
| --- | --- |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NAVISTAR-Defense_LOGO.gif |

**Navistar Defense, LLC**

**Purchasing and Supplier Development**

**Request for Information**

**Introduction – General Information**

|  |
| --- |
| Company:  |
| Division:  |
| Do you have a Navistar Supplier Code? |  | Yes |  | No |
| If yes, please provide your Supplier Code: |
| Do you have a Cage Code? |  | Yes |  | No |
| If yes, please provide your Cage Code:  |

**Agreement**

|  |
| --- |
| Please visit the following websites: [www.navistarsupplier.com](http://www.navistarsupplier.com) [www.navistardefense.com](http://www.navistardefense.com)  |
| 1. Do you agree to the “Requirements to Do – Business – Truck Group”? [***http://www.navistarsupplier.com/requirements/RequirementstodoBusinessTrucklthd.pdf***](http://www.navistarsupplier.com/requirements/RequirementstodoBusinessTrucklthd.pdf)
 |
|  |  | No |  | Yes (no exceptions) |  |  |
| If No, please provide an explanation of which requirements you are taking exception to and why.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| 1. Do you agree to the “Standard Terms and Conditions” [www.navistardefense.com/supplier](file:///C%3A%5CUsers%5CU00EKH1%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CHDB636ZE%5Cwww.navistardefense.com%5Csupplier)?
 |
|  |  | No |  | Yes |  |  |
| If No, please provide an explanation of which terms and conditions you are taking exception to and why.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| 1. Do you agree to provide annual representations and certifications? [***https://www.navistardefense.com/StaticFiles/navistardefense/suppliers/pdf/ND%202018%20Annual%20Reps%20Certs\_Final.docx***](https://www.navistardefense.com/StaticFiles/navistardefense/suppliers/pdf/ND%202018%20Annual%20Reps%20Certs_Final.docx)
 |
|  |  | No |  | Yes |  |  |
| If No, please provide an explanation of why you would not provide this information.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| 1. Do you agree to provide certificates of current cost or pricing data? [***http://www.navistardefense.com/StaticFiles/navistardefense/suppliers/pdf/Certificate%20of%20Current%20Cost%20or%20Pricing%20Data%20Letter.doc***](http://www.navistardefense.com/StaticFiles/navistardefense/suppliers/pdf/Certificate%20of%20Current%20Cost%20or%20Pricing%20Data%20Letter.doc)
 |
|  |  | No |  | Yes (no exceptions) |  |  |
| If No, please provide an explanation of why you would not provide this information.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Please list the number of your Corporate Location(s) and their address(es) below: |
| 1. Corporate Name:

Address:  |
| 1. Corporate Name:

Address:  |
| 1. Corporate Name:

Address:  |
| 1. Corporate Name:

Address:  |
| 1. Corporate Name:

Address:  |
| 1. Corporate Name:

Address:  |
| 1. Corporate Name:

Address:  |
| 1. Corporate Name:

Address:  |
| 1. Corporate Name:

Address:  |

|  |  |
| --- | --- |
| **Key Personnel:** | **Title:** |
|  |  |
|  |  |
|  |  |
|  |  |

**Security Information**

|  |
| --- |
| 1. Is your firm registered or listed, when required by regulation or law, with the responsible governmental agency (U.S. Directorate of Defense Trade Controls, Canadian Controlled Good Directorate, U.K. Export Control Organisation, etc.) charged with the oversight of manufacture and/or exporters of Defense Articles, Controlled Goods, or other Strategic Military and Dual-Use items?
 |
|  |  | Yes |  | No |  | Not Applicable or Exempt, Explain: |
|  |
| 1. Is your firm or any of its management presently debarred, suspended, or proposed for debarment, or does your firm or any of its management appear on the U.S. Commerce Department’s Table of Denial Orders, the U.S. Treasury Department’s list of Specially Designated Nationals or the U.S. Department of State’s list of individuals debarred from receiving Munitions List items or other applicable Entity Lists or otherwise declared ineligible by any agency of any government as a denied person or organization?
 |
|  |  | Yes |  | No |  |  |
|  |
| 1. Does your firm hold a Facility Security Clearance in accordance with governmental security requirements?
 |
|  |  | Yes |  | No |  |  |
|  |
| Follow up: What is your facility clearance level? |
|  |  | CONFIDENTIAL |  | SECRET |  | TOP SECRET |
|  |

**Supplier Information**

|  |  |
| --- | --- |
| Plant Name:  | Phone Number:  |
| Plant Size:  | No. of Buildings:  |
| Plant Manager:  | Manager Phone:  |
| Plant Address:  |  |
| City:  | State/Province:  |
| Zip Code:  | Country:  |

|  |  |  |
| --- | --- | --- |
| Union Affiliation:  | Local:  | Contract Exp. Date:  |
| Union Affiliation:  | Local:  | Contract Exp. Date:  |
| Union Affiliation:  | Local:  | Contract Exp. Date:  |
| Union Affiliation:  | Local:  | Contract Exp. Date:  |

|  |  |
| --- | --- |
| Number of Production Personnel:  | Maximum Plant Capacity Utilization:  |
| Number of Shifts:  | Current Plant Capacity Utilization:  |
| Manufacturing Process R&D Expense as a percent of Sales: |  |

|  |
| --- |
| Number of Manufacturing or Service Location(s) and Address(es) – please list below and place an Asterisk (\*) next to those that supply Navistar Defense, LLC: |
| 1.
 |
| 1.
 |
| 1.
 |
| 1.
 |
| 1.
 |
| 1.
 |
| 1.
 |
| 1.
 |
| 1.
 |

**Manufacturing or Service Capabilities**

|  |  |
| --- | --- |
| **Products Manufactured or Services Provided** | **Types of Processes/Services Performed** |
|  |  |
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| --- |
| Answer the following, if applicable: |
| 1. Is your company capable of Chemical Agent Resistant Coating (CARC)?
 |
|  |  | Yes |  | No |  |  |
|  |
| 1. Does your company have welders that can meet Ground Combat Vehicle welding code 12479550 (Steel)?
 |
|  |  | Yes |  | No |  |  |
|  |
| 1. Does your company have welders that can meet Ground Combat Vehicle welding code 12472301 (Aluminum)?
 |
|  |  | Yes |  | No |  |  |
|  |
| 1. Is your company capable of packaging to MIL-STD 2073-1E?
 |
|  |  | Yes |  | No |  |  |
|  |

|  |
| --- |
| List type(s) of product(s) or service(s) you can supply to Navistar Defense, LLC: |
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**Quality Assurance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Quality Standard |  |  |  |  |
| Registration No. |  |  |  |  |
| Issue Date |  |  |  |  |
| Registrar |  |  |  |  |
| Expiration Date |  |  |  |  |

**Engineering Information**

|  |
| --- |
| 1. Do you have a design engineering staff?
 |
|  |  | Yes |  | No |  |  |
|  |
| If Yes, Number of Personnel: |
|  In-House Salaried: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  In-House Hourly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Contract/External: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| 1. Design Engineering as percent of Sales: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. Type of CAD/CAM system used for product design/development: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. Are you Unigraphics compatible?
 |
|  |  | Yes |  | No |  |  |
| If Yes, please list activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

**Financial Information\*\***

|  |
| --- |
| **Most Recent Fiscal Year: \_\_\_\_\_\_\_** |
| Sales/Total Assets: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Dun & Bradstreet No: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Aftermarket % of Sales: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Capital Spending as % of Sales: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Debt/Total Assets: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Equity/Total Liabilities: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Cost of Inventory/Cost of Goods Sold Per Day: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Previous Fiscal Year: \_\_\_\_\_\_\_** |
| Sales $: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Dun & Bradstreet No: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Original Equipment % of Sales: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Aftermarket % of Sales: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| R&D Spending as % of Sales: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Capital Spending as % of Sales: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Working Capital/Total Assets: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Debt/Total Assets: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Current Assets/Cur Liabilities: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Equity/Total Liabilities: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Sales/Total Assets: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Cost of Inventory/Cost of Goods Sold Per Day: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*\* Please submit a copy of your Annual Report with profile.

**Supplier Criteria**

|  |
| --- |
| Based on your NAICS Code, are you: |
| 1. Small Business
 |
|  |  | Yes |  | No |  |  |
|  |
| 1. Veteran-owned Small Business
 |
|  |  | Yes |  | No |  |  |
|  |
| 1. Service-disabled Veteran-owned Small Business
 |
|  |  | Yes |  | No |  |  |
|  |
| 1. HUBZone Small Business
 |
|  |  | Yes |  | No |  |  |
|  |
| 1. Small Disadvantaged Business
 |
|  |  | Yes |  | No |  |  |
|  |
| 1. Woman-owned Small Business
 |
|  |  | Yes |  | No |  |  |
|  |
| 1. ANC-owned or Indian Tribe-owed Small Business
 |
|  |  | Yes |  | No |  |  |
|  |

**Customer Information\*\***

|  |  |
| --- | --- |
| **Customer** | **Percent of Sales** |
|  |  |
|  |  |
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\*\* Please submit a copy of your Annual Report with profile.