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| **HUNTINGTON INGALLS INCORPORATED**  **SUPPLIER DATA & CERTFICATIONS** |
| **Please type or print clearly for accurate data input.** |
| **THIS FORM MUST BE COMPLETED, ACCEPTED, DATED AND SUBMITTED PRIOR TO PLACEMENT OF HUNTINGTON INGALLS INCORPORATED PURCHASE ORDERS. ANY CHANGES DURING THE EFFECTIVE PERIOD SHOULD BE IMMEDIATELY PROVIDED TO HUNTINGTON INGALLS INCORPORATED.** |
| The data required by this form is a required prerequisite to conduct business with Huntington Ingalls Incorporated (HII), through either its Ingalls Shipbuilding (Ingalls) division or its Newport News Shipbuilding (NNS) division. As required by the U.S. Government, HII must determine whether its prospective subcontractors meet general standards of responsibility, integrity and business ethics. The responses provided in this form, provide that information to HII. While completion of this form is required to conduct business with HII, submission of this form does not provide any guarantee that the Supplier will receive any future business from HII.  For the purpose of this Supplier Data & Certification, “Buyer” shall mean HII, through either its Ingalls division or its NNS division, and “Seller” or “Supplier” shall mean the company executing this document. In a timely fashion, please return a completed, accepted and current dated version of this document.  Unless otherwise stated, the supplier data, authorization, representations, and certifications listed below shall apply and be incorporated by reference into all Purchase Orders issued by Buyer for a period of twelve months from the date of execution (“Effective Period”). Seller shall immediately notify Buyer in writing of any changes during the Effective Period. Any person who misrepresents a company’s small business status is subject to federal penalties in accordance with Federal Acquisition Regulation (FAR) 52.219-1/15 U.S.C. 645(d).  In executing this document, complete all required blanks/sections (noted by an asterisk (\*)) and any other blanks/sections applicable to your business. If any questions arise during the completion of this document, please refer to the DEFINITIONS section (PART I), as well as the cited government references (*e.g*., FAR 2.101, Definitions). Additional support can be requested from the Buyer’s representative who provided this form to Supplier.  For the purposes of this Supplier Data and Certification, HII considers any Supplier who does not have a registered or  incorporated business in the United States to be an "International Supplier". The information provided within is  applicable to the business (and addresses) HII may engage in future purchase order(s).  International Suppliers are not required to complete the following sections:  PART II - 4I. U.S. CONGRESSIONAL DISTRICT  PART III - II. PREVIOUS CONTRACTS AND COMPLIANCE REPORTS  PART III - III. AFFIRMATIVE ACTION COMPLIANCE |

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| **Part I** | **DEFINITIONS & INSTRUCTIONS** |
| **Part II** | **SUPPLIER DATA SHEET** – General Information regarding Supplier required by Buyer. Includes, company contact information, company address(es), nature of business, business category, business type, corporate relationships, and that the Supplier has a valid and active US/Canada Joint Certification Registration Number issued by the Defense Logistics Information Service. |
| **Part III** | **ANNUAL REPRESENTATIONS AND CERTIFICATIONS** – Information provided by Supplier that is required by Buyer in order to conduct business. Includes previous contracts and compliance reports, affirmative action compliance, certification regarding responsibility matters, certification and disclosure regarding payments to influence certain federal transactions, executive compensation information, and whether Supplier uses or provides certain covered telecommunications and video surveillance services or equipment. |
| **Part IV** | **ACCESS TO EXPORT CONTROLLED TECHNICAL DATA (EXPT) AND/OR CONTROLLED TECHNICAL INFORMATION (CTI)** – Information required by Buyer in order for Supplier to have access to, generate, or receive Export Controlled Technical Data (EXPT) and/or Controlled Technical Information (CTI) (regardless of form) as defined in DoD Pamphlet 5230.25PH. Verifies that the Supplier will abide by government regulations concerning EXPT and /or CTI, and for U.S. incorporated or registered suppliers, verifies Supplier does not allow Foreign Nationals or Representatives of a Foreign Interest to access EXPT and/or CTI. For International Suppliers, additional requirements will apply to the exchange of EXPT and/or CTI, which will be determined on a case-by-case basis. |
| **Part V** | **REMIT TO/SEND PAYMENT TO –** Suppliers must ensure the remittance information provide here matches any additional provided remittance documentation. |
| **Part VI** | **ELECTRONIC ACCEPTANCE** |

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| **PART I – DEFINITIONS (1 of 2)** | |
| Controlled Technical Information (DoD 5230.24) | Means technical information with military or space application that is subject to controls on the access, use, reproduction, modification, performance, display, release, disclosure, or dissemination. |
| Domestic Concern (DFARS 225.003) | Means a concern incorporated in the United States (including a subsidiary that is incorporated in the United State, even if the parent corporation is a Foreign Concern); or an unincorporated concern having its principal place of business in the United States. (Note: For purpose of this form, an office (sales or other) of a Foreign Concern in the U.S. is not a “Domestic Concern” if the office itself is not a firm organized under the laws of the United States.) |
| Foreign Concern (DFARS 225.003) | Means any concern other than a Domestic Concern. |
| Foreign Interest (OPNAVINST N9210.3) | Means any foreign government, agency of a foreign government, or representative of a foreign government; any form of business enterprise or entity organized under the laws of any country other than the U.S. or its possessions; an any Foreign National. |
| Foreign National (PONAVINST N9210.3) | Means any person, not a U.S. citizen or a United States national (except non-U.S. citizens or non-U.S. nationals serving on active duty in the U.S. military or as United States government employees who are allowed access to U.S. Naval Nuclear Propulsion Information). Non-U.S. citizens or non-U.S. nationals permanently residing in the United States are considered to be Foreign Nationals. |
| Foreign Ownership, Control, or Influence | For purposes of this form, your company is considered to be subject to Foreign Ownership, Control, or Influence –   1. If a Foreign National or a Foreign Interest has the power, direct or indirect, whether or not exercised, and whether or not exercisable, through the ownership of your company’s securities, by contractual arrangements or other means, to direct or decide matters affecting the management or operations of your company; 2. If a Foreign National or Foreign Interest has a significant Interest in your company or any parent of your company; or 3. If your company is in a partnership with a Foreign National or Foreign Interest. |
| Joint Certification Registration Number (JCP) | Means the number provided by the Defense Logistics Agency (DLA) Logistics Information Service after successfully registering. Certification under the JCP establishes the eligibility of a U.S. or Canadian contractor to receive technical data governed, in the U.S., by DoD Directive 520.254 and in Canada, by Technical Data Control Regulations (TDCR). A certification is required by U.S. or Canadian contractors that wish to obtain access to unclassified technical data disclosing military critical technology that is under the control of, or in the possession of the U.S. Department of Defense (DoD) or the Canadian Department of National Defense (CDND). In order to obtain a JCP number, contractors must electronically submit a DD Form 2345 to the U.S./Canada Joint Certification Office, along with a copy of the company’s State/Provincial License, Incorporation Certificate, Sales Tax Identification Form or other documentation which verifies the legitimacy of the company. The JCP homepage instructions to access the portal can be publicly accessed at: <https://www.dla.mil/Logistics-Operations/Services/JCP/>. The JCP database is housed and managed for DoD by the DLA and be publicly accessed at: <https://www.public.dacs.dla.mil/jcp/ext/>. Note, access to the portal requires a Two-Factor Authentication using Google Authenticator. |

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| **PART I – DEFINITIONS (2 of 2)** | |
| Need-to-Know | Means a determination made by the possessor of controlled information (*e.g.*, NNPI/OPNAVINST N9210.3 and Technical Data) that a prospective recipient has a requirement for access to, knowledge of, or possession of the controlled information to perform tasks or services essential to the fulfillment of a contract or program. |
| Production Work | Means operations that involve hazards to personnel, including but not limited to construction, demolition, “hot work”, work in enclosed and confined spaces, blasting, painting, material handling, working with hazardous materials or equipment, efforts in direct support of Buyer’s Production Work, and similar operations. |
| Representative of a Foreign Interest (Department of Defense National Industrial Security Program Operating Manual, 32 CFR 117) | Means a citizen or national of the United States – or any other country – who is acting as a representative of a Foreign Interest. |
| Export Controlled Technical Data (32 CFR 117) | Means information governed by the International Traffic in Arms Regulation (ITAR) and the Export Administration Regulation (EAR). The export of the technical data that is inherently military in character is controlled by the ITAR, 22 CFR §§ 120.1-130.17. The export of technical data that has both military and civilian use is controlled by the EAR, 15 CFR 730.1-774.1. |
| Technology/Access Control Plan (TCP) | Means a documented plan developed and implemented by the Supplier, at Supplier’s facilities, that prescribes all security measures deemed necessary to reasonably prevent the possibility of inadvertent access by Foreign Nationals and Representatives of a Foreign Interest to information for which they are not authorized. The TCP shall also prescribe measures designed to assure that access by Foreign Nationals and Representatives of a Foreign Interest is strictly limited to only that specific information for which appropriate Federal Government disclosure authorization has been granted, *e.g.*, an approved export license, technical assistance agreement, or regulatory exemption. Unique badging, escort, segregated work area, security indoctrination schemes, and other measures should be included, as appropriate. |
| Terrorist Country (DFARS 252.225-7050) | Means a country determined by the Secretary of State, under section 1754(c)(1)(A)(i) of the Export Control Reform Act of 2018 (Title XVII, Subtitle B, of the National Defense Authorization Act for Fiscal Year 2019, Pub. L. 115-232), to be a country the government of which has repeatedly provided support for acts on international terrorism. As of February 2024, terrorist countries include: Iran, North Korea, Cuba, and Syria. The Department of State list of state sponsors of terrorism can be found at: <https://www.state.gov/state-sponsors-of-terrorism/>. |

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| **Instructions for completing this form:**  **SBF P9152, “Supplier Data & Certifications”** | | |
| *Note:* | | *“\*” indicates a required field unless noted otherwise*  *“🗸” indicates a required field for suppliers located in the United States* |
| **PART II – SUPPLIER DATA SHEET** | | |
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| **Question** | **Instruction** | |
| \*1. | **SUPPLIER COMPANY NAME** - Enter the name of the company as it appears on W-9 form. | |
| \*1A. | **TAX IDENTIFICATION NUMBER** - Enter the company’s Tax identification Number | |
| \*1B. | **NUMBER OF EMPLOYEES** - Enter the number of employees at the company’s manufacturing location. | |
| \*2. | **NAME OF INDIVIDUAL COMPLETING FORM** - Enter the name of the individual that is responsible for entering the data on this form | |
| \*2A. | **PHONE** - Enter the telephone number of the individual completing this form. Include the area code and any international prefix if applicable | |
| \*2B. | **E-MAIL ADDRESS** - Enter the email address of the individual completing this form. | |
| 3. | **SUPPLIER NAME** - If the company is currently a Supplier with Ingalls or NNS, then enter the supplier number into the appropriate field. If the company is not currently a supplier with Ingalls or NNS, then leave this field blank. | |
| \*3A. | **PRIMARY NAICS CODE** – Enter the most up-to-date primary NAICS (North American Industry Classification System) Code that best classifies your company’s economic activity. Additional codes, if needed, can be listed in block 12 of this section. If you need help with finding the NAICS Code, please go to the website: <https://www.census.gov/naics/>. | |
| 3B. | **UNIQUE ENTITY IDENTIFIER (UEI)** - Enter UE. This is a unique number assigned by [SAM.gov](https://sam.gov/content/home) at the time of registration. HII is required to report awarded subcontractors’ UEIs. HII may ask a supplier to register and provide them with the UEI. | |
| 3C. | **CAGE/NCAGE CODE** - Enter the CAGE (Commercial and Government Entity) Code for the company or for International Suppliers, the NCAGE (NATO Commercial and Government Entity) for the company. The CAGE/NCAGE code is a five-character identifier for companies pursuing business with the Federal Government. If the company does not have a CAGE code and wants to obtain a CAGE code, visit this website: <https://cage.dla.mil/Home/UsageAgree>. For International Suppliers, an NCAGE code may be requested by visiting <https://eportal.nspa.nato.int/Codification/CageTool/home>. | |
| \*4. | **PURCHASE ORDER MAILING ADDRESS** - Enter the mailing address for your company where HII is to mail any purchase order. | |
| \*4A. | **CITY** - Enter the city for the mailing address. | |
| 🗸 4B. | **STATE –** Enter the state for your company. | |
| \*4C. | **ZIP CODE** -Enter the zip code (Postal Code, for the mailing address). Some countries may use the *“Postal Code, CAP, CEP, PIN or PLZ.”* | |
| \*4D. | **POINT OF CONTACT** - Enter the point of contact for the company at the mailing address. Enter first name, middle initial and last name. | |
| \*4E. | **TITLE** - Enter the title of the point of contact listed in 4D. | |
| \*4F. | **TELEPHONE** - Enter the telephone number of the point of contact listed in 4D. | |
| \*4G. | **FACSIMILE** - Enter the facsimile number of the point of contact listed in 4D. | |
| \*4H | **E-MAIL** - Enter the e-mail address of the point of contact listed in 4D. | |
| 🗸 4I. | **U.S. CONGRESSIONAL DISTRICT** - Enter the Congressional District for the mailing address, if in the United States. | |
| 🗸 4J. | **COUNTY CODE** - Enter the county code for the mailing address, or enter N/A if not applicable or unknown. | |
| \*5. | **MANUFACTURING ADDRESS SAME AS PURCHASE ORDER ADDRESS** – Choose “Yes” if the manufacturing address is the same as the mailing address from 4. If the choice is “Yes,” skip to question 6. If the choice is “No,” continue with responses for 5A through 5M. | |

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| 5A. | **STREET ADDRESS** - Enter the street address for your company manufacturing location. |
| 5B. | **CITY** - Enter the city for the company manufacturing location. |
| 🗸 5C. | **STATE** **-** Enter the state for your company. |
| 5D. | **ZIP CODE** -Enter the zip code (Postal Code, for the manufacturing location). Some countries may use the *“Postal Code, CAP, CEP, PIN or PLZ.”* |
| 5E. | **POINT OF CONTACT** - Enter the point of contact for the company at the manufacturing address. Enter first name, middle initial and last name. |
| 5F. | **TITLE** - Enter the title of the point of contact listed in 5E. |
| 5G. | **TELEPHONE** - Enter the telephone number of the point of contact listed in 5E. |
| 5H. | **FACSIMILE** - Enter the facsimile number of the point of contact listed in 5E. |
| 5I. | **E-MAIL** - Enter the e-mail address of the point of contact listed in 5E. |
| 🗸 5J. | **U.S. CONGRESSIONAL DISTRICT** - Enter the Congressional District for the manufacturing address, if in the United States. |
| 🗸 5K. | **COUNTY CODE** - Enter the county code for the manufacturing address, or enter N/A if not applicable or unknown. |
| 5L. | **UNION AFFILIATION** - If the company has union affiliation at this location, enter the union. |
| 5M. | **UNION CONTRACT EXPIRATION DATE** - If there is a union affiliation at this location, enter the date that the contract between the company and the union expires. |
| \*6. | **NATURE OF BUSINESS** - Choose the 1st nature of the business from the dropdown list. |
|  | **2ND NATURE OF BUSINESS** - Choose the 2nd nature of the business from the dropdown list. |
|  | **IF OTHER IS CHOSEN, EXPLAIN** - If the choice for either the 1st or 2nd nature of business is “other,” explain this choice. |
| \*7 | **TYPE OF BUSINESS ENTITY – LEGAL ENTITY TYPE** - Choose the business entity/legal type from the dropdown box. |
|  | ***IF CORPORATION (02), ENTER THE SATE OF INCORPORATION*** - Enter the state of incorporation if Corporation was chosen in 7. |
|  | ***IF GOVERNMENTAL ENTITY (06B), ENTER WHICH ENTITY***– Enter which entity if Governmental Entity was chosen in 7. |
| \*8. | **FOREIGN OWNED, CONTROLLED, OR INFLUENCED (FOCI)** -If the supplier, or the Supplier’s intermediate or ultimate parent is subject to FOCI, then choose “Yes.” |
| 9. | **AFFILIATE STATUS** - If company is a subsidiary or a division of another firm, then choose “A Subsidiary/Division of Another Firm.” If company is not a subsidiary or a division of another firm, then choose “Not a Subsidiary/Division of Another Firm.” If the choice is that the company is a subsidiary or division of another firm, then continue to 9A, otherwise continue to 10. |
| 9A. | **NAME OF IMMEDIATE PARENT** - Enter the name of the immediate parent. |
| 9B. | **RELATIONSHIP** - Enter the relationship to the immediate parent (subsidiary, division, etc.). |
| 9C. | **ADDRESS** - Enter the address of the immediate parent; street address, city, state, zip, country if not U.S. |
| 9D. | **PLACE OF INCORPORATION** - Enter the location (state or country) where immediate parent is incorporated. |
| \*10. | **BUSINESS TYPE & CONCERN** - This is a mandatory section. Select all that apply based on the Primary NAICS that is provided in Section 3A. If “Small Business” is selected, then sections 10A and 10B must be completed. If “Large Business” is selected, then 10B must be completed. (Definitions can be found in FAR 8.7, 19.001, 52.219-1, 52.219-8 and 52.219-9). |
| \*10A. | **SMALL BUSINESS CONCERNS** - Select all that apply based on the Primary NAICS that is provided in Section 3A. If no listing is applicable, then select “NONE.” |
| \*10B. | **OTHER BUSINESS CONCERNS** - Select all that apply based on the Primary NAICS that is provided in Section 3A. If no listing is applicable, then select “NONE.” |
| 11A. | **SYSTEM FOR AWARD MANAGEMENT (SAM)** - Section 11 pertains to the company being registered with SAM. If the Supplier is registered with SAM, the please choose “Yes.” If not, choose “No.” If No, this section explains where to go to register with SAM. |
| 12. | **ADDITIONAL NAICS CODE ENTRIES** - Enter any other NAICS codes that were not listed in Part II 3A. |

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| **PART III – ANNUAL REPRESENTATIONS AND CERTIFICATIONS** | |
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| **Question** | **Instruction** |
| \*I | **CERTIFICATIONS AND DISCLOSURE REGARDING PAYMENTS TO INFLUENCE CERTAIN FEDERAL TRANSACTIONS** - Read each of the statement in this section carefully. Choose “Yes” if the Supplier certifies to the best of its knowledge and belief that the statements are true. Otherwise choose “No.” |
| \*II | **PREVIOUS CONTRACTS AND COMPLIANCE REPORTS** - There are two responses in this section: choose “Has” or “Has not” as it pertains to each statement. (FOR SUPPLIERS REGISTERED OR INCORPORATED IN U.S. ONLY) |
| \*III | **AFFIRMATIVE ACTION COMPLIANCE** - There are two responses in this section: (a) choose “Has developed and does have on file” or “Has not developed and does not have on file” as it pertains to the statement, (b) Check the box if Supplier has not previously had contracts subject to the written affirmative action programs requirement of the rules and regulations of the Secretary of Labor. (FOR SUPPLIERS REGISTERED OR INCORPORATED IN THE U.S. ONLY) |
| \*IV | **CERTIFICATION REGARDING RESPONSIBILITY MATTERS** - This section has 9 potential responses.   1. A. Choose “Are” or “Are Not” as it pertains to the Supplier   B. Choose “Have” or “Have Not” as it pertains to the Supplier, and the 4 check boxes below response B. Check all the check boxes that are applicable to the Supplier as it pertains to B.  C. Choose “Are” or “Are Not” as it pertains to the Supplier.  D. Choose “Have” or “Have Not” as it pertains to the Supplier.   1. Choose “Supplier has” or “Supplier has not” as it pertains to the Supplier. |
| \*V | **COMPENSATION INFORMATION** - There are 5 responses to section V:   1. Choose “Supplier did” or “Supplier did not” as it pertains to the Supplier. If the Supplier answers “did”, the Supplier need not provide any other information in this section. 2. Choose “Does” or “Does not” as it pertains to the Supplier. If the Supplier answers “does,” the Supplier need not provide any other information in this section. 3. Choose “did” or “did not” as it pertains to the Supplier. 4. Choose “did” or “did not” as it pertains to the Supplier. 5. If Supplier answered “did” to questions 3 and 4 of part V, then the Supplier must provide the names and total compensation of each of the five most highly compensated executives for the Supplier’s preceding completed fiscal year. “Total Compensation” shall have the same meaning as contained in FAR 52.204-10(a). There are 4 fields for each executive: **Name, Title, Total Compensation** and **Fiscal Year Ending.** |
| \*VI | **CERTFICATION REGARDING CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT** - This section allows for only one response. If the Supplier chooses “will not,” no further action is required. If the Supplier chooses “will,” then the Supplier must provide Buyer with the information about the covered telecommunications and/or video surveillance services or equipment that the Supplier will use or provide in connection with any contractual arrangement with Buyer. |
| \*VII | **SUPPLIER PROPERTY CONTROL SYSTEM OVERVIEW** - This section has three potential responses.   1. Choose “does” or “does not” as it pertains to the Supplier. If Supplier selects “does not,” Supplier need not provide any other information in this section. 2. Choose “does” or “does not” as it pertains to the Supplier. If Supplier selects “does not,” supplier need not provide any other information in this section. 3. Choose “is” or “is not” as it pertains to the Supplier. If Suppler selects “is,” the Supplier must provide Buyer with its most recent Property Management System approval letter. |

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| \*VIII | **CERTIFICATION REGARDING CERTAIN PROCUREMENTS FROM THE XINJINAG UYGHUR AUTONOMOUS REGION** - This section allows for one only response.   * If the Supplier chooses “has,” no further action will be required unless HII receives contrary information from U.S. Customs and Border Protection. * If the Supplier chooses “has not,” then HII may elect not to award future contracts to the Supplier and/or take remedial contractual action against current purchase orders with the Supplier, including requiring documents and records necessary to verify the source of products provided under Supplier’s purchase orders. |
| \*IX | **DISCLOSURE OF EMPLOYMENT OF INDIVIDUALS WHO WORK IN THE PEOPLE’S REPUBLIC OF CHINA** – This section allows for only one response.  If the Supplier chooses “will not,” no further action is required. If the Supplier chooses “will”, then the Supplier must provide Buyer with the information about the proposed use of labor in the People’s Republic of China that the Supplier will use or provide in connection with any contractual arrangement with Buyer. |

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| **PART II – SUPPLIER DATA SHEET (1 of 2)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*1. SUPPLIER COMPANY NAME** (name as it appears on W-9) | | | | | | | | | | | | | | | | | | | | | **\*1A. TAX IDENTIFICATION NUMBER** | | | | | | | | | | | | | | | | | **\*1B. NUMBER OF EMPLOYEES** | | | |
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| **\*2. NAME OF INDIVIDUAL COMPLETING FORM** | | | | | | | | | | | | | | | | | | | | | **\*2A. PHONE** | | | | | | | | | | **\*2B. E-MAIL ADDRESS** | | | | | | | | | | |
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| **3. SUPPLIER NUMBER** | | | | | | | | | | | | | | | **\*3A. PRIMARY NAICS CODE** | | | | | | | | | | | | **3B. UNIQUE ENTITY IDENTIFIER** | | | | | | | | | | | | | **3C. CAGE/NCAGE CODE** | |
| **Ingalls** | | | | | |  | | | **Newport News** | | | | | | *(additional codes can be listed in block 12)*  *For NAICS code lookup: https://www.census.gov/naics* | | | | | | | | | | | | *(assigned by SAM.gov)* | | | | | | | | | | | | |  | |
|  | | | | | | **or** | | |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | |
| **\*4. PURCHASE ORDER MAILING ADDRESS** *(Street Address or P.O. Box)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **\*4A. CITY** | | | | | | | | | | **\*4B. STATE** | | | | | | | **\*4C. ZIP CODE** | | | | | **\*4D. POINT OF CONTACT** *(First, M.I., Last)* | | | | | | | | | | | | | **4E. TITLE** | | | | | | |
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| **\*4F. TELEPHONE** | | | | | | | | | | **\*4G. FACSIMILE** | | | | | | | **\*4H. E-MAIL** | | | | | | | | | | | | **\*4I. U.S. CONGRESSIONAL DISTRICT** | | | | | | | | | | | | **4J. COUNTY CODE** |
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| **\*5. MANUFACTURING ADDRESS SAME AS PURCHASE ORDER ADDRESS** | | | | | | | | | | | | | |  | | | | | | **5A. STREET** ADDRESS | | | | | | | | | | | | | | | | | | | | | |
| *(If “No”, continue with responses 5A – 5M.)* | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **5B. CITY** | | | | | | | | | | | **5C. STATE** | | | | | | | **5D. ZIP CODE** | | | | | **5E. POINT OF CONTACT** *(First, M.I., Last)* | | | | | | | | | | | | | **5F. TITLE** | | | | | |
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| **5G. TELEPHONE** | | | | | | | | | | | **5H. FACSIMILE** | | | | | | | **5I. E-MAIL** | | | | | | | | | | | | **5J. U.S. CONGRESSIONAL DISTRICT** | | | | | | | | | | | **5K. COUNTY CODE** |
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| **5L. UNIION AFFILIATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **5M. UNION CONTRACT EXPIRATION DATE** | | | | | | | | | | | |
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| **\*6. NATURE OF BUSINESS** *(choose from drop down list)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1st Nature of Business** | | | | | | | | | | | | | | | | | **2nd Nature of Business** | | | | | | | | | | | | **If other is chosen, explain** | | | | | | | | | | | | |
| **\*7. TYPE OF BUSINESS ENTITY-LEGAL ENTITY TYPE** *(choose appropriate category from drop down list)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **If Corporation (02), enter state of incorporation:** | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | **If Government Entity (06B), enter which entity.** | | | | | | | | | |
| **\*8. FOREIGN OWNED, CONTROLLED, OR INFLUENCED** (FOCI) – Foreign Owned, Controlled, or Influenced by a country other than that in which Supplier is incorporated. *(Whether Supplier, its intermediate, or ultimate parent is subject to FOCI.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | **Yes** | | | | |  | **No** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. AFFILIATE STATUS** *(choose appropriate response from selections below)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **9A. NAME OF IMMEDIATE/ULTIMATE PARENT** | | | | | | | | | | | | |
|  | | | |  | | | | Not a Subsidiary/Division of Another Firm | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | |  | | | | A Subsidiary/Division of Another Firm | | | | | | | | | | | | | | | | | | | | | **9B. RELATIONSHIP** | | | | | | | | | | | | |
|  | | | |  | | | | *(If “A Subsidiary/Division of Another Firm” is selected, continue to 9A.)* | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **9C. ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **9D. PLACE OF INCORPORATION** | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **\*10. BUSINESS TYPE & CONCERNS** *(check all that apply based on Primary NAICS code identified in 3A).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | *(If “Small Business” is selected, complete questions 10A and 10B)* | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  |
|  | **Large Business** | | | | | | |  | | **Small Business** | | |  | | | **Huntington Ingalls Industries Business Unit** | | | | | | | | | |  | | **United States Governmental Agency** | | | | | | | | |  | | **Foreign Business located only outside US** | | |
| **10A. SMALL BUSINESS CONCERNS** *(Check all that apply based on Primary NAICS code (FAR 52.219-1) identified in 3A.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | Small Disadvantaged Business (SBA Certified | | | | | | | | | | | | | | | | |  | |  | | | | |  | | | | HUBZone Small Business (SBA Certified) | | | | | | | | |
|  | |  | | | Small Disadvantaged Business (Self-Certified) | | | | | | | | | | | | | | | | |  | |  | | | | |  | | | | Veteran-Owned Small Business | | | | | | | | |
|  | |  | | | Women-Owned Small Business | | | | | | | | | | | | | | | | |  | |  | | | | |  | | | | Service-Disabled Veteran Owned Small Business | | | | | | | | |
|  | |  | | | Economically Disadvantaged Women-Owned Small Business | | | | | | | | | | | | | | | | |  | |  | | | | |  | | | | NONE | | | | | | | | |
| **10B. OTHER BUSINESS CONCERNS** *(Check all that apply based on Primary NAICS code (DFARS 252.226-7001) identified in 3A.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | Ability One | | | | | | | | | | | | | | | | |  | |  | | | | |  | | | | Indian-Organization | | | | | | | | |
|  | |  | | | Alaska Native Corporation | | | | | | | | | | | | | | | | |  | |  | | | | |  | | | | Indian-Owned Economic Enterprise | | | | | | | | |
|  | |  | | | Historically Black College & Minority Institution | | | | | | | | | | | | | | | | |  | |  | | | | |  | | | | Native Hawaiian Small Business Concern | | | | | | | | |
|  | |  | | | Indian Tribe (Evidence of tribal card required) | | | | | | | | | | | | | | | | |  | |  | | | | |  | | | | NONE | | | | | | | | |

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| **PART II – SUPPLIER DATA SHEET (2 of 2)** | | | |
|  | | | |
| **11A.** | **SYSTEM FOR AWARD MANAGEMENT (SAM)** is the official U.S. Government system that consolidates the capabilities of CCR/FedReg, ORCA and EPLS. Businesses may register at NO COST. SAM Registration helps businesses take advantage of the many opportunities available in federal contracting by providing this marketing tool to promote your business capabilities.  Visit: <https://sam.gov/content/home> to register or update your information.  **Is the Supplier Registered with SAM? Yes**  **No**  If YES, by signing the form Supplier certifies that its SAM data is current. If NO, go to 11B.  Small Business Administration (SBA) Profile (Small Dynamic Business Search) Please update your SBA profile when you are updating your SAM information. Use SBA icon before you submit your final SAM registration. | **11B.** | If your company is not registered in SAM, HII encourages you to register by accessing SAM New Registration at:  <https://sam.gov/content/home>.  HII uses SAM to verify current business category(s) when reporting purchasing data to the government. There is no fee required.  U.S. and U.S. Virgin Islands: 1-866-705-5711  Alaska & Puerto Rico: 1-800-234-3867 (Select Opt. 2, then Opt. 1)  For Hearing Impaired Customers Only: 1-877-807-1679 (TTY line) |
| **12. ADDITIONAL NAICS CODE ENTRIES** (complete as many as needed) | | | |
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| **PART III – ANNUAL REPRESENTATIONS AND CERTIFICATIONS (1 OF 2)** | | | | | | | | | | | | | | | | |
| **\*I. CERTIFICATION AND DISCLOSURE REGARDING PAYMENS TO INFLUENCE CERTAIN FEDERAL TRANSACTIONS** | | | | | | | | | | | | | | | | |
|  | (REF: FAR 52.203-11 and FAR 52.203-12) | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | Yes | |  | | No | |
|  | **By choosing Yes, Supplier Certifies to the best of its knowledge and belief that:** | | | | | | | | | | | | | | | |
|  | 1. | | | | No Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on its behalf in connection with the awarding of a subcontract by, or a prime contract awarded to, Huntington Ingalls Incorporated. | | | | | | | | | | | |
|  | 2. | | | | If any registrants under the Lobbying Disclosure Act of 1995 have made or will make a lobbying contact on behalf of the Supplier with respect to the award of a subcontract by or a prime contract to Huntington Ingalls Incorporated, the Supplier shall notify Huntington Ingalls Incorporated in writing immediately of such contact and also complete and submit, as directed OMB Standard Form LLL, Disclosure of Lobbying Activities, to provide the name of the registrants. Supplier need not report contacts made by individuals described in FAR 52.203-12(c). | | | | | | | | | | | |
|  | 3. | | | | Supplier shall obtain a declaration, including the certification and disclosure in paragraphs (1) and (2) above, from each person requesting or receiving a subcontract exceeding $150,000 in support of any purchase order awarded by a division of HII to Supplier. Supplier or the subcontractor that awards the lower tier subcontract shall retain the declaration. | | | | | | | | | | | |
|  | 4. | | | | A copy of each subcontractor disclosure form (but not certifications) shall be forwarded from tier to tier until received by HII. | | | | | | | | | | | |
|  | 5. | | | | Supplier shall include the substance of this certification, including this paragraph (5), in any subcontract exceeding $150,000. | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | |
|  | As imposed by 31, U.S.C. 1352, the submission of this certification and enclosure is a prerequisite for making or entering into an applicable subcontract. Any person who makes an expenditure prohibited under this provision or who fails to file or amend the disclosure required to be filed or amended by this provision, shall be subject to a civil penalty of not less than $10,000 and not more than $100,00 for each such failure. | | | | | | | | | | | | | | | |
| **\*II. PREVIOUS CONTRACTS AND COMPLIANCE REPORTS (FAR 52.222-22) – FOR SUPPLIERS REGISTERED OR INCORPORATED IN THE U.S. ONLY** | | | | | | | | | | | | | | | | |
| **By executing this certificate Supplier hereby certifies and represents as follows: (Suppliers that do not have a Federal contract or subcontract mark “has not” below).** | | | | | | | | | | | | | | | | |
| **That the Supplier:** | | | | | | | | | | | | | | | | |
| **(1)** | | | | | |  | | | | | | | | **participated in a previous contract or subcontract subject to FAR 52.222-26 “Equal Opportunity” Clause.** | | |
| **(2)** | | | | | |  | | | | | | | | **filed all required compliance reports; and representations indicating submission of required compliance reports, signed by the Supplier, will be provided to Buyer prior to subcontract award.** | | |
| **\*III. AFFIRMATIVE ACTION COMPLIANCE (FAR 52.222-25) – FOR SUPPLIERS REGISTERED OR INCORPORATED IN THE U.S. ONLY**  **(Suppliers that do not have a Federal contract or subcontract mark “has not” below).** | | | | | | | | | | | | | | | | |
| **That the Supplier represents that the Supplier -** | | | | | | | | | | | | | | | | |
| **(a)** | | | | | |  | | | | | | | | | | **at each establishment, affirmative action programs required by the rules and regulations of the Secretary of Labor (41 CFR 61-1 and 60-2); or** |
| **(b)** | | | | | |  | | | | **Has not previously had contracts subject to the written affirmative action programs requirement of the rules and regulations of the Secretary of Labor.** | | | | | | |
| **\*IV. CERTIFICATION REGARDING RESPONSIBILITY MATTERS (FAR 52.209-5/52.209-7) Supplier certifies, to the best of its knowledge and belief, that -** | | | | | | | | | | | | | | | | |
| **(i)** | | **Supplier and/or any of its Principals – (“Principal” as defined by FAR 52.209-7(a))** | | | | | | | | | | | | | | |
| **A.** | |  | | | | | | | | | | **presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency;** | | | | |
| **B.** | |  | | | | | | | | | | **, within the last five years, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) contract subcontract, or grant; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, violating Federal criminal tax laws, or receiving stolen property; or been the subject of a proceeding, at the State or Federal Level that resulted in any of the following:** | | | | |
|  | |  | | | | |  | | **In a criminal proceeding, a conviction** | | | | | | | |
|  | |  | | | | |  | | **In a civil proceeding, a finding of fault and liability that resulted in the payment of a monetary fine, penalty, reimbursement, restitution, or damages of $5,000 or more.** | | | | | | | |
|  | |  | | | | |  | | **In an administrative proceeding, a finding of fault and liability that result in the payment of a monetary fine or penalty of $5,000 or more; or the payment of a reimbursement, restitution, or damages in excess of $100,000.** | | | | | | | |
|  | |  | | | | |  | | **In a criminal, civil, or administrative proceeding, a disposition of the matter by consent or compromise with an acknowledgement of fault by the Supplier if the proceeding could have led to any of the outcomes specified in this paragraph B.** | | | | | | | |
| **C.** | |  | | | | | | | | | | **presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in paragraph (a)(1)(i)(B) of FAR 52.209-5.** | | | | |
| **D.** | |  | | | | | | | | | | **Within a three-year period preceding the date of this certification, been notified of any delinquent Federal taxes in an amount that exceeds $10,000 for which the liability remains unsatisfied.** | | | | |
| **(ii)** | |  | | | | | | | | | | **, within a three-year period preceding the date of this certification, had one or more contracts terminated for default by any Federal agency.** | | | | |

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| **PART III – ANNUAL REPRESENTATIONS AND CERTIFICATIONS (2 OF 2)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*V. COMPENSATION INFORMATION** *(Applies to all awards from HII for supplies and services in support of HII’s Government prime contracts)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Ref. FAR 52.204-10) (This information is required by Section 2(d)(2) of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by Section 6202 of the Government Funding Transparency Act of 2008 (Pub. L. 110-252). All reported information, which the law requires to be made public, will be available at <https://www.usaspending.gov/> following award of any subcontract.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | |  | | | | | | | | | | | in the previous tax year have gross income, from all sources, of less than $300,000. ***[If the answer is ‘did,” Supplier need not provide any additional information in this section.]*** | | | | | | | | | | | | | | | |
| 2. | | | | The public | | | | | |  | | | | | | | have access to information about the compensation of the top five executives through periodic reports filed under | | | | | | | | | | | | | |
|  | | | | Section 13 (a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. ***[If the answer is “does,” Supplier need not provide any other information in this section.]*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | Supplier | | | | | |  | | | | | | | receive 80 percent or more of its annual gross revenues from Federal contracts (and subcontracts), loans, grants (and | | | | | | | | | | | | | |
|  | | | | subgrants) and cooperative agreements. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | Supplier | | | | | |  | | | | | | | Receive $25,000,000 or more in annual gross revenues from Federal contracts (and subcontracts), loans, grants (and | | | | | | | | | | | | | |
|  | | | | subgrants) and cooperative agreements. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | If Supplier answered “did” to questions 3 and 4, then they must provide the names and total compensation of each of the five most highly compensated executives for the Supplier’s preceding completed fiscal year. “Total compensation” shall have the same meaning as contained in FAR 52.204-10(a). | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | **Name** | | | | | | | | | | | | **Title** | | | | | | **Total Compensation** | | | **Fiscal Year Ending** | |
| **1.** | | | | | | | |  | | | | | | | | | | | |  | | | | | |  | | |  | |
| **2.** | | | | | | | |  | | | | | | | | | | | |  | | | | | |  | | |  | |
| **3.** | | | | | | | |  | | | | | | | | | | | |  | | | | | |  | | |  | |
| **4.** | | | | | | | |  | | | | | | | | | | | |  | | | | | |  | | |  | |
| **5.** | | | | | | | |  | | | | | | | | | | | |  | | | | | |  | | |  | |
| **\*VI. REPRESENTATION REGARDING CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | (Ref: FAR 52.204-24, -25) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | |  | | | | | | | | |  | | | |  |  | |  | |  |  | |  | |
|  | | | Supplier represents that it has conducted a reasonable inquiry both internally and of its supply chain to determine that any product or service it delivers or provides to HII, whether or not in connection with a Government prime contract, | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | |  | | | | | | | | |  | | | |  |  | |  | |  |  | |  | |
|  | | |  | | | | | | | | | contain or rely on any *Covered telecommunications equipment or Services* (as defined in FAR 52.204-25) provided by HUAWEI Technologies Company, ZTE Corporation, Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities), as a substantial or essential component of, or as critical technology as part of, any such product or service. | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | |  | | | | | | | | |  | | | |  |  | |  | |  |  | |  | |
|  | | | *If Supplier selects “will” above, the Supplier shall promptly provide Buyer with the additional disclosure information required at FAR 52-204-24 (e)(2).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | |  | | | | | | | | |  | | | |  |  | |  | |  |  | |  | |
| **\*VII. SUPPLIER PROPERTY CONTROL SYSTEM OVERVIEW.** *(This information is required to support Buyer’s issuance of any Orders to Supplier that will* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | *require Supplier to use or maintain Buyer or Government property)* (Ref: FAR 52.245-1) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | |  | | | | |  | | | | | | | |  |  | |  | |  |  | |  | |
|  | | | | | 1. | | | | Supplier | | | | |  | | | | | use or maintain Buyer or Government property. | | | | | | | | | | | | |
|  | | | | |  | | | |  | | | | |  | | | | | ***If the answer is “does not,” Supplier need not provide any other information in this section.*** | | | | | | | | | | | | |
|  | | | | | 2. | | | | Supplier | | | | |  | | | | | have written Property Control System policies and procedures that comply with FAR 52.245-1 | | | | | | | | | | | | |
|  | | | | |  | | | |  | | | | |  | | | | | ***If the answer is “does not,” Supplier need not provide any other information in this section.*** | | | | | | | | | | | | |
|  | | | | | 3. | | | | Supplier’s Property Management System | | | | | | | | | | | |  | | | reviewed on a periodic basis by an agency of the U.S. Government. | | | | | | | |
|  | | | | |  | | | |  | | | | |  | | | | | | | |  |  | |  | |  |  | |  | |
|  | | | | |  | | | | ***If Supplier selects “is,” then Supplier must provide Buyer with its most recent Property Management System approval letter.*** | | | | | | | | | | | | | | | | | | | | | | |
| **\*VIII. CERTIFICATION REGARDING CERTAIN PROCURMENTS FROM THE XINJIANG UYGHUR AUTONOMOUS REGION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | (Ref. DFARS 252.225-7059, 7060) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Supplier represents that it | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | | | | | | conducted reasonable due diligence to determine both internally and of its supply chain that source of the parts, components, or raw materials used in the products sold or otherwise delivered to HII are not mined, produced or manufactured, either wholly or in part, | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | | |  | | | | | * In the Xinjiang Uyghur Autonomous Region of China (XUAR); | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | | |  | | | | | * By persons working with the XUAR government or purposes of the poverty alleviation program or the pairing assistance program, or | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | | |  | | | | | * Using convict labor, forced labor, or indentured labor under penal sanctions. | | | | | | | | | | | | | | | |
| **\*IX. DISCLOSURE OF EMPLOYMENT OF INDIVIDUALS WHO WORK IN THE PEOPLE’S REPUBLIC OF CHINA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | (Ref: DFARS 252.225-7057, -7058) (Applies to all awards $5 million and greater from HII for non-commercial products and services in support of HII’s Government Contracts) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Supplier represents that it | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | | | | Employ one or more individuals who will perform work in the People’s Republic of China | | | | | | | | | | | | | | | | | | |
|  | *If Supplier selects “will” above, then Supplier shall promptly provide Buyer with the additional disclosure information required at DFARS 252.225-7057(c)(1)-(3).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **PART IV – ACCESS TO EXPORT CONTROLLED TECHNICAL DATA AND/OR CONTROLLED TECHNICAL INFORMATION** | | | | | | | | | | | | | | | |
|  | **1.** | **FOR HANDLING AND ACCESS TO CONTROLLED DATA AND/OR INFORMATION – complete this section:** For Handling and Access to Controlled Data and/or Information, Supplier must answer the following questions (Note: Additional requirements apply for the exchange of export controlled technical data): | | | | | | | | | | | | | |
|  |  | A. | | Supplier has reviewed DoD Pamphlet 5230.215, located at: <https://supplier.huntingtoningalls.com/sourcing/docs/Supplier%20Data/DoD5230_25ph.pdf> | | | | | | | | | | | |
|  |  |  | |  | | If Buyer approves Supplier for access to Technical Data, Supplier Agrees to abide by the applicable requirements of this publication | | | | | | | | | |
|  |  | B. | |  | | Does Supplier have Foreign National and/or Representatives of a Foreign Interest who work within or have access to its premises? | | | | | | | | | |
|  |  |  | | If you selected “Yes” to 1B above, a Technology/Access Control Plan must be in place that restricts access to Technical Data only to U.S. citizens who have a Need-to-Know. | | | | | | | | | | | |
|  |  | C. | |  | | Supplier has a Technology/Access Control Plan in place | | | | | | | | | |
|  | **2A.** | **SUPPLIER HAS AN ACTIVE JOINT CERTIFICAITON REGISTRATION (JCP) NUMBER** (pursuant to DoD Pamphlet 5230.25PH) **– FOR U.S. AND CANADIAN INCORPORATED SUPPLIERS ONLY** | | | | | | | | | | | | | |
|  | (Verifiable via the internet at <https://www.dla.mil/Information-Operations/LogisticsInformationServices/> also consult PART I – DEFINITIONS) | | | | | | | | | | | | | | |
|  | *(applicable only if Supplier may be supplying supplies and services in support of HII’s Government prime contracts)* | | | | | | | | | | | | | | |
|  |  |  | | **Yes** |  | | **No** | *(if yes, continue with responses to 2B-2D)* | | | | | | | |
|  | **2B.** | **JOINT CERTIFCATION REGISTRATION (JCP) NUMBER** | | | | | | | **2C.** | | **EXPIRATION DATE** | **2D.** | | **JCP REGISTRATION ADDRESS** | |
|  |  | | | | | | | |  | | |  | | | |
| **PART V – REMIT TO / SEND PAYMENT TO** | | | | | | | | | | | | | | | |
| \*Company Name | | | | | | | | | | | | | \*Payment Terms | | |
|  | | | | | | | | | | | | |  | | |
| \*Remittance Street/P.O. Box | | | | | | | | | | \*City | | | \*State | | \*Zip |
|  | | | | | | | | | |  | | |  | |  |
| SUPPLIER REMITTANCE CONTACT INFORMATION | | | | | | | | | | | | | | | |
| \*Name | | | | | | | | | | \*Telephone | | | \*Email Address | | |
|  | | | | | | | | | |  | | |  | | |
| **PART VI – ELECTRONIC ACCEPTANCE** | | | | | | | | | | | | | | | |
| **I certify under penalty of perjury as the authorized officer or representative of Supplier that the foregoing certifications above are complete and accurate to the best of my knowledge, based either upon (1) written representations made to me by identifiable individuals within this company, or (2) my own diligent inquiries to ascertain that all statements in this certification are true and correct. By submission of this certification, Supplier agrees to immediately inform Huntington Ingalls Incorporated in writing if, after the date of this certification was executed: (1) there is any change in Supplier’s circumstances or (2) the Supplier learns of any error that materially affects the accuracy of one or more of the certifications, representations or statements contained herein.** | | | | | | | | | | | | | | | |
|  | | | **I accept.** | | | | | | | | | | | | |
| \*NAME OF PERSON CERTIFYING FORM (first, mi., last) | | | | | | | | | | | | | \*TITLE | | |
|  | | | | | | | | | | | | |  | | |
| \*EMAIL ADDRESS OF PERSON CERTIFYING FORM | | | | | | | | | | | | | \*DATE | | |
|  | | | | | | | | | | | | |  | | |
| \*SUPPLIER COMPANY NAME | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| \*SUPPLIER COMPANY ADDRESS | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **THIS FORM MUST BE COMPLETED, ACCEPTED, DATED AND SUBMITTED PRIOR TO PLACEMENT OF HUNTINGTON INGALLS INCORPORATED PURCHASE ORDERS.**  Return this form to either Ingalls at [suppliercerts@hii-ingalls.com](mailto:suppliercerts@hii-ingalls.com) or NNS at [SupplierData@hii-nns.com](mailto:SupplierData@hii-nns.com) | | | | | | | | | | | | | | | |