



QF-125
Revision 15
Original Issue: July 05, 2002
Revised: May 01, 2013
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Supplier Business Profile

Dear Supplier,

Once again it is time for TurboCombustor Technology, Inc. (TCT), to update our files. Please complete the attached Small Business Profile. All Suppliers must complete this profile to remain on TCT's Approved Suppliers List. If this profile is not completed and returned to TCT within 15 business days, your Vendor ID will be subject to removal from TCT's Approved Suppliers List. Completing this form is an annual requirement for all our Production and Outsourcing suppliers.

Please return **ALL FORMS** to the email of the person that sent this Profile to your Company or fax to 772.692.8064:

If your facility is AS9100 and/or ISO certified, just complete pages 2, 5 & 6 of this Supplier profile and provide copies of certificates including all Nadcap and OEM Customer approvals. If your facility is not certified, then you must also complete the *Quality Evaluation Survey* enclosed.

If you have any questions, please contact our office at (772) 287-7770.

Sincerely,

Scott Hundemer
VP of Supply Chain
(772) 287-7770 x 7162

Sincerely,

Peter Blais
Quality Manager
(772) 287-7770 x 7163

TCT Corporate Headquarters
3651 S.E. Commerce Avenue
Stuart, Florida 34997
Telephone: (772) 287-7770
Fax: (772) 287-0476
(Plants 1 & 2)

TCT Cincinnati Site
10400 Evendale Drive
Cincinnati, OH 45241
Telephone: (513) 563-8920
Fax: (513) 563-9695
(Plant 3)

TCT Budapest Site
H-1239 Budapest
Grassalkovich út 294
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(Plant 4)



SUPPLIER BUSINESS PROFILE

This form must be completed and signed by an authorized individual and returned promptly! No future Purchase Orders can be awarded without current information on file.

If you have multiple shipping locations, each location supplying us with product will be assigned a separate supplier number. For this reason you may receive multiple questionnaires. **THESE SHOULD NOT BE DISCARDED!** One form must be returned for each location!

You will be asked to re-certify your status by completion of this survey every 12 months.

COMPANY NAME		REMIT TO:	DATE
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP	CITY STATE ZIP
TELEPHONE NO.		CONTACT PERSON/TITLE	
THIS FIRM IS: <input type="checkbox"/> INDEPENDENTLY OWNED AND OPERATED <input type="checkbox"/> AFFILIATED <input type="checkbox"/> SUBSIDIARY	ENTER NAME OF PARENT CO. OR AFFILIATE	TELEPHONE NO. OF SHIPPING POINT ()	
THE ABOVE NAMED COMPANY HEREBY CERTIFIES THAT IT IS: (SEE DEFINITIONS { <u>ON NEXT PAGE</u> } AND CHECK ONE BOX ONLY)			
<input type="checkbox"/> HBCU/MI BLACK COLLEGE • UNIVERSITY • MINORITY INSTITUTION <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> VETERAN OWNED SMALL BUSINESS NAICS CODE _____ (FAR 19.102)			
		THIS BOX MUST BE SIGNED BY AN AUTHORIZED INDIVIDUAL	
D & B DUNS #:	Federal Tax ID:	SIGNATURE	DATE
CAGE code:	EIN #:	TITLE	

FAR 52.219-9 PARAGRAPH 31,329.45

NOTICE: Any misrepresentation of business status as small business or small disadvantaged business for the purpose of obtaining a subcontract will result in immediate termination of any purchase order and criminal prosecution.

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DEFINITIONS FOR BUSINESS PROFILE

SMALL BUSINESS CONCERN: A small business is a concern, including its affiliates, which is organized for profit; independently owned and operated; not dominant in the field of operation in which it is competing; and can further qualify under the criteria concerning number of employees, average annual receipts, or other criteria as prescribed by the Small Business Administration.

HUB Zone: A historically underutilized business zone, which is an area located within one or more qualified census tracts, qualified non-metropolitan counties, or lands within the external boundaries of an Indian reservation.

HUBZONE SMALL BUSINESS CONCERN: A small business concern that is located in a “historically underutilized business zone;” is owned and controlled by one or more U.S. Citizens; and at least 5% of its employees reside in the HUB Zone. Status as a qualified HUB Zone small business concern is determined by the Small Business Administration (SBA). If the SBA determines that a concern is a qualified HUB Zone small business, it will issue a certification to that effect and will add the concern to the List of Qualified HUB Zone Small Business Concerns on its Internet site at www.sba.gov/hubzone. The concern must appear on the list to be a HUB Zone small business concern. HUB Zone certifications will also appear in individual firm profiles in SBA’s PRO-Net.

SMALL DISADVANTAGED BUSINESS CONCERN (SDB): A small business concern (1) which is at least 51% owned by one or more socially and economically disadvantaged individuals; or, in the case of any publicly owned business, at least 51% of the stock is owned by one or more socially and economically disadvantaged individuals; and (2) whose management and daily business operations are controlled by one or more such individuals. The term “socially disadvantaged” means individuals who have been subjected to racial or ethnic prejudice or cultural bias because of identity as a member of groups without regard to their individual qualities. The following individuals are presumed to be socially disadvantaged: Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, and Subcontinent Asian Americans. The term “economically disadvantaged” means socially disadvantaged individuals whose ability to compete in the free enterprise systems is impaired due to diminished capital and credit as compared to others in the same/similar line of business and, as a result, have been or are likely to be precluded from successfully competing in the open market. A socially disadvantaged individual whose personal net worth does not exceed \$750,000 (\$260,000 for certification under the SBA Section 8 (a) Program), excluding his/her ownership interest in the company and equity in his/her personal residence is considered to be economically disadvantaged.

Effective October 1, 1999, a subcontractor claiming SDB status must be certified by the Small Business Administration. SDB’s can obtain application information from the SBA by calling 800-568-0884. SDB’s that receive formal certification are listed in the SBA on-line database, PRO-Net, at <http://pro-net.sba.gov>.

WOMAN-OWNED SMALL BUSINESS CONCERN: A small business concern that is at least 51% owned by one or more women; or in the case of any publicly owned business, at least 51% of the stock is owned by one or more women and whose management and daily business operations are controlled by one or more women.

SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERN:

- (1) A small business concern –

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- (i) Less than 51% of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51% of the stock of which is owned by one or more service-disabled veterans; and
 - (ii) The management and daily business operations of which are controlled by one or more service-disabled veterans or, in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran.
- (2) Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service-connected, as defined in 38 U.S.C. 101(18).

VETERAN-OWNED SMALL BUSINESS CONCERN:

- (1) A small business concern –
- (i) Not less than 51% of which is owned by one or more veterans (as defined at 38 U.S.C. 101(2) or, in the case of any publicly owned business, not less than 51% of the stock of which is owned by one or more veterans; and
 - (ii) The management and daily operations of which are controlled by one or more veterans.

SUBCONTRACT: Means any agreement (other than one involving an employee-employer relationship) entered into by a Federal Government prime contractor or subcontractor calling for supplies and/or services required for performance of the contract or subcontract.

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SUPPLIER PROFILE

Supplier Scope of Business (brief description of work performed/proposed to perform for TCT):

Core Business / Main Product Line:	
Number of Employees:	
Number of Shifts:	
Work Week (days):	
Shop Area (Sq. Ft.):	
Last Year Sales (\$):	
Current Year Sales Forecast (\$):	
Next Year Sales Forecast (\$):	
List Top 3 Customers:	

IDENTIFY KEY PERSONNEL:

PRESIDENT/GENERAL MANAGER/CEO:		
PHONE	FAX	EMAIL

QUALITY MANAGER:		
PHONE	FAX	EMAIL

CUSTOMER SERVICE MANAGER:		
PHONE	FAX	EMAIL

MANUFACTURING/PRODUCTION MANAGER:		
PHONE	FAX	EMAIL

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QUALITY SYSTEMS APPROVALS / CERTIFICATES

Please provide a copy of all Certificates and include the audit scope where applicable.

	Circle	Expiration Date	Registered By
ISO 9001	YES NO		
AS 9100	YES NO		
NADCAP	YES NO		
GENERAL ELECTRIC	YES NO		
ROLLS ROYCE plc	YES NO		
ROLLS ROYCE Corp.	YES NO		
ROLLS ROYCE Canada	YES NO		
HONEYWELL	YES NO		
VOLVO AERO	YES NO		
PRATT & WHITNEY	YES NO		
P&W Canada	YES NO		
HAM. SUNDSTRAND	YES NO		
SIKORSKY	YES NO		
FAA Repair Station	YES NO		
Others			

Footnote: If your facility is AS9100 and/or ISO9001 certified, just complete pages 2, 5 & 6 and provide a copy of certificates including all NADCAP certificates (with the audit scope), and OEM Customer approvals (ex. General Electric GT-193).

Individual Completing Survey:

NAME	TITLE	TELEPHONE NO.
SIGNATURE	E-MAIL	DATE

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