

SUBCONTRACTOR QUESTIONNAIRE

Please complete the following information as thoroughly as possible. Completed questionnaires should be returned to Kim Rogers via e-mail at krogers@sdt-1.com or via mail to:

SDT, Inc.
P.O. Box 554
Brookhaven, MS 39602

Part 1

1. GENERAL INFORMATION

Company Name _____
Physical Address _____
Mailing Address (If Different) _____
Remittance Address (If Different) _____
Telephone _____ FAX: _____
E-Mail _____ Web Site _____
Type of Business: Corporation or Company Engineer/Architect
(Check box or boxes that apply) Subsidiary Civil Construction
 Division Telecom Construction
 Partnership Technical Service
 Proprietorship Other/Specify:
Business Classification: Small Medium Large
(Check any and all that apply) Woman-Owned Minority-Owned
Do you hold MWBE certification? Yes No
Please provide a general description of the services provided by your organization.

2. FINANCIAL INFORMATION
Please provide a copy of your latest Annual Report or certified financial statement. All Information will be kept confidential.

Annual Sales Volume: Banking Reference: _____
2009: \$ _____
2008: \$ _____ Contact: _____
2007: \$ _____
Telephone: _____
Can you provide a Performance Bond? Present Net Worth:
 Yes \$ _____
Agent: _____
 No
Dun & Bradstreet (DUNS) #: _____ Federal Tax ID #: _____

3. INSURANCE

Please review the attached Insurance Requirements and respond accordingly:

I have read the attached insurance requirements and can provide a certificate of insurance with the required limits and naming Southern Diversified Technologies, Inc. as an additional insured.

I have read the attached insurance requirements and can provide a majority of the requirements. Please specify items that CANNOT be currently covered:

I have read the insurance and CANNOT provide any of the required coverages.

****Please note there are some exceptions that may be made based upon the type of work you may be performing for Southern Diversified Technologies, Inc..*

4. OPERATIONS

List Management Personnel as Follows:

Facilities:

Number of Site Locations: _____

Total Number of Employees: _____

Employee Breakdown:

Engineering: _____

Installation/Construction: _____

Project Management/Supervision: _____

Administration: _____

Accounting: _____

Work Schedule

Hours _____ Shifts _____ Days Work _____

Union _____ Non-Union _____

Affiliation _____

Quality System

A) ISO9000 Certified

B) QS9000 Certified

D) Quality Awards Received – Please Explain

Yes

No

Last Renewal or Effective Date

****There is no need to complete Part 2 of this survey if the answer is **yes** to either **Items A or B**. Please return documented evidence with this survey to show that certification is still valid.*

5. CUSTOMER REFERENCES

Provide at least three (3) customer references below including the company, contact name, and phone number:

Company	Contact	Telephone
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6. CAPABILITIES

- List service capabilities and areas of geographical coverage:
- Directional Boring
 - Plowing / Trenching
 - Cable Pulling / Blowing
 - Splicing / Testing
 - Aerial and Pole Placement
 - Cabling
 - Equipment Installation - Specify
 - Other – Specify:

7. LICENSES

Provide list of states in which your organization holds a state contractor’s license. Please include the category or type as well as the license number and expiration (as applicable).

8. EQUIPMENT

Provide list of company OWNED equipment.

Part 2

1. QUALITY CONTROL ORGANIZATION

- 1.1. Does your company maintain a Quality Control Department? If “no”, explain procedures for control of quality. Yes No

- 1.2. Person directly responsible for quality control activities:
 Name: _____ Title: _____
 Reports to: _____ Title: _____
- 1.3. Which of the following Standards does your quality system conform to:
 MIL-I-45208A _____ MIL-Q-9858A _____ ISO10012-1 _____
 Other (please specify): _____
- 1.4. Do you have a Quality Manual that describes the quality system employed by your company? **Yes** **No**
 Comments: _____

 If "YES", is a copy available upon request? **Yes** **No**
- 1.5. Are written quality instructions for inspection available and used by Quality Control personnel? **Yes** **No**
 Comments: _____
- 1.6. Does your company have a Corrective Action program for investigating and follow-up on customer complaints, returns, quality issues and non-conforming material? **Yes** **No**
- 1.7. Briefly explain procedure employed for 1.6: _____

- 1.8. Do you have a written system for incorporating customer changes, a drawing and/or specification into your drawings? **Yes** **No**
- 1.8.1. Are characteristics classified on engineering documents as to importance? **Yes** **No**
- 1.9. What section of your company is responsible for maintaining these files?

- 1.9.1. Is quality history fed back to engineering for improvements in current or future designs? **Yes** **No**
- 1.10. Please provide a brief description on how current drawings and/or specifications are issued and controlled within your facility:

- 1.11. Please describe briefly your plans for control and improving your processes:

4. PERSONNEL MANAGEMENT

4.1 Is an ethics code established? Yes No

4.2 Is Substance Abuse program established? If yes, please describe. Yes No

4.3 Please describe verification process of job knowledge and capabilities of employees.

5.1 TRAINING

5.1 Describe your Documented Training Process for:

5.1.1 Safety

5.1.2. Quality

5.1.3. Skills

5.2 Do you maintain training records for personnel? Yes No

5.3 Is there a documented employee training needs review? Yes No

Company Official Completing Questionnaire:

Signature _____ Title _____ Date _____