

**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](mailto: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
AT&T	Ken Smith	770-929-4301
Covad	Dean Sherwood	469-442-3811
Lucent	Robert Tine	978-691-3758

**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 \_\_\_\_\_