& Power Industries

FAX COVER SHEET

MT 4004-3002

ECO: MPP621637 Date: 4/2/2021

Rev. Y

Quality System Documentation

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From:			CPI MPP FAX: 650-846-3319
To:	REPRESENTATIONS AND CERTIFICATIONS FAY FORM	Date:	

Please complete the enclosed Representations and Certifications fax form and fax them back to me. Consult the following guidelines to help you complete these forms:

- Kickbacks. Kickbacks of any kind including, but not limited to, those paid in currency, gifts exceeding nominal value, and promise of future return (financial or otherwise) are strictly prohibited by CPI Corporate Policy; Federal Acquisition Regulation suppliers shall attest on this Representations and Certifications form that they have not willingly or unwillingly engaged in such activities with CPI employees or agents in the performance of purchasing action(s) in support of CPI. If solicited or requested by an employee or agent of CPI to participate or otherwise engage in such illegal activities, suppliers are required to contact a member of the CPI Purchasing Management team or call CPI's Open Line at 1-800-876-0912. The Open Line is an independent third-party service for reporting matters of concern.
- **Business Size/Category**
 - Small Business. The Federal rules for determining what constitutes a small business are complex; however, as a general rule, companies with fewer than 500 employees are considered small. If you are not sure of your company's status, please call the originator.
 - Large Business. The Federal rules for determining what constitutes a large business are complex; however, as a general rule, companies with greater than 500 employees are considered large. If you are not sure of your company's status, please call the
 - Foreign-Owned Business. A company not located in the United States or one that is otherwise subject to the control of a foreign government.
 - Small Disadvantaged. All companies must be certified through SBA. See information at www.sba.gov/sdb.
 - Veteran-Owned Small. Person(s) qualifying the company for this status must own at least 51 percent of the business and be actively engaged in the management of the company.
 - Women-Owned Small. Person(s) qualifying the company for this status must own at least 51 percent of the business and be actively engaged in the management of the company.
 - HUBZone Small Business. All companies that are located in an eligible HUBZone area must be certified through SBA. See information at www.sba.gov/hubzone.
 - Historically Black Colleges, Universities (HBCU), and Minority Institutions. "Historically black college or university" means an institution determined by the Secretary of Education to meet the requirements of 34 CFR 608.2. For the Department of Defense, the National Aeronautics and Space Administration, and the Coast Guard, the term also includes any nonprofit research institution that was an integral part of such a college or university before November 14, 1986. "Minority institution" means an institution of higher education meeting the requirements of Section 365(3) of the Higher Education Act of 1965 (20 U.S.C 1067k), including a Hispanic-serving institution of higher education, as defined in Section 502(a) of the Act (20 U.S.C 1101a).
 - Service-Disabled Veteran-Owned Small Business Concern. A small business concern (i) Not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent 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. (iii) Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is serviceconnected, as defined in 38 U.S.C. 101(16).
- C. Segregated Facilities. All of CPI's suppliers are expected to be in compliance with Federal laws with regard to not maintaining segregated cafeterias, drinking fountains, etc.
- Equal Opportunity. Most small businesses have not participated in government programs requiring them to complete compliance reports. If D. this is true of your company, you should check the block indicating "has not participated" and leave the other Equal Opportunity line blank.
- Affirmative Action. The rules for Affirmative Action are similar to Equal Opportunity. If you have not been required to develop a written Affirmative Action Program, you should check the block indicating "not previously had contracts subject to" and leave the other Affirmative Action line blank.
- Domestic End Products. If your products are US made, you can safely check this block. If they are imported, please do not check this block, but do write in the country of origin.
- Suspect or Counterfeit Material. The Seller shall ensure that only new materials are used in products that are required to be delivered to CPI MPP. To further mitigate the possibility of the inadvertent use of counterfeit parts, the Seller must only purchase components and parts directly from the Original Equipment Manufacturers (OEMs), through the OEM's authorized distribution chain, or if through an independent distributor, the Seller must make available to the Buyer, if so requested, OEM documentation that authenticates traceability of the components to that applicable OEM. If the required items cannot be procured from these sources, then use of products from other sources without appropriate traceability documentation is not authorized without approval in advance by CPI MPP. If this is true of your company, you can safely check this block.
- Registered with the Department of State. If the supplier is registered with the Department of State (DS-2032), check the block and provide the expiration date of the registration.

The balance of this form is self-explanatory.



REPRESENTATIONS AND CERTIFICATIONS FAX FORM

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RE	TURN TO						
	MPP PURCHA	SING, Palo Alto	, CA	FAX		DATE	
con wit foll are	nmercial customers th the Federal Acqu lowing Representat c considered to be m	s. When products disition Regulation ions and Certifica ade with the inten	are purchase (FAR) is required tions and ret tion of obtain	nanufactures producted for resale to the Unired. In this respect turn by FAX. These hing contracts with Crs is prescribed in 15	S. Government, strt, you are requested to Representations and PI and become a par	rict compliance to complete the I Certifications	
Ch	eck each of the fol	lowing applicable	blocks:			FAR Clause	
Supplier has not paid a kickback or kickbacks to any CPI employee						3.502-2	
	Supplier is a Large	Business Concern				52.219-1	
	Supplier is a Small	Business Concern				52.219-1	
		52.219-1					
		52.219-1					
		52.219-1					
Supplier is a HUBZone Small Business Concern (Certificate No)							
				CU), or Minority Institut	tion	52-219-1	
		e-Disabled Veteran-C				52-219-1	
		gn-Owned Business –	•			52-219-1	
	notified that they	52.222-21					
	shall not maintain s		work subject to	the Equal Opportunity (Clause	52.222-22	
	Judge	52.222-22					
		52.222-25					
		oped and has on file A eviously had contracts		_	rogram requirements	52.222-25	
Supplier has not previously had contracts subject to written Affirmative Action Program requirements Each end product is a domestic end product unless indicated otherwise							
	Supplier will not co	onsider, intend to prov	ide, or otherwis	se propose the use of susp	pect or counterfeit		
		s of fulfilling its contra	_	` /			
	Supplier is registered	ed with the Departmen	nt of State – Ex	piration Date:			
Th	e following CPI sta	andard conditions	apply unles:	s the supplier notes o	exceptions below:		
	I STANDARD		EXCEPTION	IS TO CPI STANDARI)		
	ight:	*Collect					
FO	B: ment Terms:	Destination 2%, 10, Net 45					
	ntact appropriate Buyer/	, ,	ount information				
	ease check your ap		-	on helow:			
110	Contractor	Distributor		Transportation	Components M	[anufacturer	
	Retailer	Special Service	es 🗀	Raw Materials	Equipment Ma		
	Custom Fabricator (C	^	<u> </u>	Other	Equipment ivia		
Sin	`	• /					
Signature							
Typed or Printed Name			Street Address				

Position Title______
Date _____

City, State, ZIP