CERTIFICATION OF QUALIFIED PRODUCTS		OMB No.
(To be completed by manufacturer or manufacturer's representative)		OMB approval expires
The public reporting burden for this collection of information is estimated to average XX per response, including the time for reviewing instructions, searching data sources, gathering and		
The public reporting burden for this collection of information is estimated to average XX per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Anagement Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (XXXX-XXXX). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a		
collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS BELOW.		
Please complete a separate form for each plant location producing products qualifying to the specification listed in Block 1. Please certify that the products listed in Block 2 are available and the conditions in Block 5 are still accurate. After completion, please print and sign the form, then either		
scan and email it - or fax it - to the Qualifying Activity for the document in Block 1 to:		
1. GOVERNING SPECIFICATION/STANDARD (Include revision/	2. MANUFACTURER'S DESIGNATION(S) (If more space is needed,	
amendment number if applicable)	continue in Block 4, "Remarks".)	
3. COMPANY DATA		
a. LEGAL BUSINESS NAME		
b. POINT OF CONTACT		
b. POINT OF CONTACT         (1) NAME (Last, First, Middle Initial)       (2) ADDRESS (Include ZIP Code)		
(3) TELEPHONE (Include Area Code) (4) FAX (Include Area Code)	(5) EMAIL ADDRESS	
c. PLANT PHYSICAL ADDRESS AND CAGE CODE (For the plant d. MAILING ADDRESS AND CAGE CODE (If different from 3.c.)		
manufacturing the products in Block 2)		
CAGE* CODE:	CAGE* CODE:	
*Commercial and Government Entity (CAGE) Code: A CAGE Code is required to be listed on an electronic QPL or QML. To register for CAGE		
Code, go to http://www.ccr.gov. If you experience problems, call toll free: 1-888-227-2423.		
<ol> <li>REMARKS (Attach additional pages as needed. Please indicate at the top of each page the governing specification/standard, company name, and CAGE Code.).</li> </ol>		
5. THE UNDERSIGNED, A RESPONSIBLE OFFICIAL OF MANAGEMENT, HEREBY CERTIFIES TO THE FOLLOWING STATEMENTS EXCEPT AS MODIFIED UNDER REMARKS.		
a. Listed product(s) is (are) still manufactured at the plant address shown in 3.c. above.		
b. Plant is under same management.		
<ul> <li>c. Product(s) is (are) being manufactured under the same conditions as originally qualified, i.e., same process, materials, construction, design,</li> </ul>		
and manufacturer's designation.		
d. Product(s) will meet the requirements and tests of latest effective issue of specification/standard.		
e. Company name and addresses for CAGE Codes in Block 3 are current in the http://www.ccr.gov database.		
f. TYPED OR PRINTED NAME (Last, First, Middle Initial) g. POSITION TITLE		
h. SIGNATURE i. DATE SIGNED (YYYYMMDD)		