



XO Communications, LLC

Vendor Qualification Form

Dear Vendor:

In an effort to maintain a diverse vendor base and meet requirements related to government contracting and sub-contracting, XO Communications continually seeks to expand its purchase of goods and services to include small business vendors and its sub categories such as Small Disadvantaged , Women-Owned Small Businesses, Small Veteran-Owned Business, Small_Serviced-Disabled Veteran-Owned and HUBZone Small Business Concern. Please review the items below and complete as it may pertain to your company.

By signing this form, you acknowledge that the information you've provide is true and accurate to the best of your knowledge.

Please Indicate Which Business Categories Apply:

- Small Business Enterprise
- *Small Disadvantage Business Enterprise ***Must be currently certified by SBA. ***
- *HUBZone Small Business (Historically Underutilized Business Zone) ***Must be currently certified by SBA. ***
- Women-Owned Small Business Enterprise
- Small Veteran Business Enterprise
- Small Service Disabled Veteran Business Enterprise
- None of the above apply**
- Minority Owned Business Enterprise (select one):
 - Asian Hispanic Indian-Subcontinent Black
 - Native American Pacific Islander Other
- Veteran Business Enterprise
- Vietnam Veteran Area Business Enterprise
- Women-Owned Business Enterprise
- Disabled-Owned Business Enterprise
- Other (please indicate) _____

Is your company certified in any of the above categories?

Yes No **Please provide copies of all related certifications upon submission of form.**

Certification Provider:

- NMSDC (National Minority Supplier Development Council)
- WBENC (Women's' Business Enterprise National Council)
- US Department of Veteran Affairs
- Other Certification Organizations/Government Agencies (Name): _____

(Below Section To Be Completed By Telecom Vendors Only)

Length of Time Company in continuous Operation				If incorporated, indicate which state			
Division, subsidiary or affiliate of				CITY, STATE, ZIP CODE			
Total Number of Employees in Company(ies)				Total number of employees in local office			
Accounting Contact:				TEL / EMAIL:			
Telecom Buyer Contact:				TEL / EMAIL:			
annual sales last 3 years	year 2006	sales volume \$	year 2005	sales volume \$	year 2004	sales volume \$	

References

NAME	ADDRESS	BUYER'S NAME	PHONE NUMBER	PRODUCTS

Company: _____
(Please Print)

Authorized Company Representative Name: _____
(Please Print)

Authorized Company Representative Signature: _____
(Signature)