

Vendor Packet

Thank you for your interest in becoming a vendor for a DTE Energy Resources, LLC entity. As part of our vendor registration, please complete this packet, sign and return as soon as possible.

Marked below are the items required to be returned with your submittal. Should you need additional information, please contact _____.

May be included in this packet:

Blank W9

Terms & Conditions

Electronic Funds Transfer (EFT) requirements

Certificate of Insurance (COI) requirements (if services)

Reactivate

(please return the following along with this completed form)

W9

Electronic Funds Transfer (EFT) Authorization Form

** voided check or banking information on company letterhead*

Materials **only**

(please return the following along with this completed form)

W9

Electronic Funds Transfer (EFT) Authorization Form

** voided check or banking information on company letterhead*

Services (e.g.: consulting, engineering, construction, maintenance, etc.)

(please return the following along with this completed form)

W9

Electronic Funds Transfer (EFT) Authorization Form

** voided check or banking information on company letterhead*

Certificate of Insurance (COI) *if performing services on DTE Site*

Audited balance sheet or Annual Report (2 years)

Experience Modification Rate on Insurance Carrier's Letterhead (3 years)

OSHA 300 / 300A Log (3 years)

Drug and Alcohol Policy

Safety Manual (if over 50 pages, just the table of contents)

SECTION 1 - GENERAL INFORMATION

1. Company Name <hr/> Street Address <hr/> City	Duns No. <hr/>	Federal Tax ID No. <hr/> State ZIP Code <hr/>
2. d/b/a <hr/> Street Address <hr/> City	Email address <hr/>	State ZIP Code <hr/>
3. Order From Address (if different from above) Street Address <hr/> City		State ZIP Code <hr/>
4. Remittance Address (if different from above) Street Address <hr/> City		State ZIP Code <hr/>

SECTION 2 - CONTACT INFORMATION

1. PO Process Contact Name <hr/>	Email address <hr/>	Telephone number <hr/>
2. Remittance Contact (Required) Name <hr/>	Email address <hr/>	Telephone number <hr/>
3. Sales Contact Name <hr/>	Email address <hr/>	Telephone number <hr/>
4. AR Contact Name <hr/>	Email address <hr/>	Telephone number <hr/>
5. Other Contact Name <hr/>	Email address <hr/>	Telephone number <hr/>

SECTION 3 - OWNERSHIP STRUCTURE

1. Business Type (Check One)

Sole Proprietor
 Partnership
 Corporation
 Other (specify) _____

State of Organization _____
 Organization Date _____
 No. of Years In Business _____

SECTION 4 - BUSINESS TYPE

1. Select All That Apply (Please see Business "Type" Definitions at end of form)

Large Business
 Small Business
 Small Disadvantaged Business*
 Women-Owned Small Business*
 Minority Owned Small Business*

Service-Disabled Veteran-Owned*
 Veteran-Owned Small Business*
 Historically Underutilized Business Zone Small Business*

Other (specify) _____

2. Brief description of goods or services provided

SECTION 5 - FOREIGN CORRUPT PRACTICES ACT (FCPA)

1. Are you a foreign entity, individual residing outside of the US, foreign government or foreign state-owned or affiliated company?
 Yes No
2. Is your Company acting as an agent (including any sales or purchasing agent), partner, co- or joint-venture, or consultant of DTE in a foreign country?
 Yes No
3. Will this contract have a foreign element (such as greater than 10% of goods provided from a company with foreign ownership or services from non-US subcontractors or sub vendors) that is not otherwise covered by questions 1 and 2 above?
 Yes No
4. Are you providing customs brokering freight-forwarding, logistical support, or import/export services? Or are you contracting with others for such services on DTE's behalf?
 Yes No

If reactivating, skip to SECTION 10.

SECTION 6 - QUALITY

1. Do you have a written QA/QC Program?
 Yes No
2. Please check any that apply.
 ISO 9000 Certified ISO 14001 Certified Other (specify) _____

If you supply materials only, skip to SECTION 10.

SECTION 7 - FINANCIAL

1. Attach your last two annual reports or audited financial statements for the 2 most recent years.

SECTION 8 - SAFETY

1. Will your personnel be performing work on DTE sites?
 Yes No

**If yes, proceed to question 2 of SECTION 8. If no, proceed to SECTION 10
 All documents requested below must be submitted with this questionnaire. Additional document referenced in the questionnaire may be requested prior to approval, as necessary.**

2. Using your OSHA 300 Forms from the previous 3 years, complete the following table. Submit a copy of the OSHA 300 and 300A Forms for each of the previous 3 years.

Year			
Number of recordable cases			
Number of restricted and/or lost day cases			
Number of fatalities			
Total hours worked			
Average number of employees			
Total Recordable Incidence Rate (TRIR)			

SECTION 8 - SAFETY (continued)

3. What is your primary NAICS or SIC code? _____
4. List your workers' compensation Experience Modification Rate (EMR) for each of the last 3 years. For each year, submit from your workers' compensation insurance carrier a signed and dated letter on the insurance company letterhead.

Year	EMR

5. In the last 3 years, has your company received any employee complaints from, or been inspected by, OSHA?
 Yes No
6. If yes to # 5, did your company receive any OSHA citations?
 Yes No
7. If yes to # 6, briefly describe the citation(s) and what actions you took to correct the deficiencies.
- _____
8. Do you have a documented Safety Program or Injury and Illness Prevention Plan?
 Yes No
9. If yes to # 8, has every employee received documented training on the Safety Program?
 Yes No
10. Does your company have a documented procedure to ensure safety and health issues are evaluated and controlled prior to the start of each project and work operation (i.e., job hazard analysis, pre-job briefs, checklists, etc.)?
 Yes No
11. Does your company conduct periodic safety meetings (i.e., toolbox or tailgate meetings)?
 Yes No
12. If yes to # 11, what is the frequency?

13. Does your company have a documented procedure to audit projects to ensure all projects comply with applicable laws and regulations?
 Yes No
14. If yes to # 13, who conducts the audits and at what frequency are they performed?

15. Do you have a documented incident reporting and investigation procedure?
 Yes No
16. Do you enforce a disciplinary action program for willful or repeated violations of safety rules?
 Yes No

SECTION 8 - SAFETY (continued)

17. In the table below, place a check mark in the 'Applicable' column if the listed safety topic is applicable to the services you provide. For each applicable topic, place a check mark in the 'Training Complete' column if your employees have been trained on the regulatory requirements for that topic.

Submit a copy of your documented safety program related to each applicable topic.

	Applicable	Training Complete
Confined Space Entry		
Working at Heights/Fall Protection		
Scaffolding/Work Platforms		
Powered Industrial Trucks/Scissor		
Lifts/Aerial Lifts		
Trenching and Excavation		
Hazard Communication/Right to Know		

	Applicable	Training Complete
Hot Work		
Lockout/Tagout		
Electrical Safety		
Respiratory Protection		
Lifting and Supporting Loads		
Pipeline Safety		
Hazardous Waste Operations		

18. Do you have employees who do not speak or read English?
 Yes No
19. If yes to #18, are interpretation services provided at the work site?
 Yes No
20. If yes to #18, do you provide duplicate safety materials in their language?
 Yes No
21. Does your company have a documented drug free workplace policy that includes measures to identify potential violators (i.e., random, for cause, post-incident, and/or pre-employment drug and alcohol testing)?
 Yes No
22. Does your company have a documented procedure to screen subcontractors and temporary workers to ensure they have the required experience, qualifications and training to perform the scope of work safely?
 Yes No

23. Safety/health contact in the company

Name

Title

Email address

Telephone number

24. When you have more than 25 workers onsite, do you have a safety professional onsite during the project?
 Yes No

25. If yes to #24, what percentage of the person's time will be spent on health and safety activities?

_____ %

SECTION 9 - ENVIRONMENTAL

1. Does your company conduct any services related to recycling or the disposal of waste materials?
Yes No
2. Has your company or any of its officers, directors, managers or employees been cited for violating any federal or state environmental laws or regulations?
Yes No
3. Does your company have an environmental management system?
Yes No
4. Does your company take steps to prevent pollution through waste and toxicity reduction, reuse, recycling or purchase of recycled content material?
Yes No
5. If you or your subcontractor are bringing chemicals onsite, please check all relevant chemicals.

Carbon tetrachloride	Tetrachloroethylene (PERC)	Perchloroethylene (PERC)
Dichlorobenzene	Trichloro – 1, 2, 2 trifluoroethane	Methylene Chloride (MeCl)
Methylene chloride	Dichlorodifluoromethane	Trichloroethylene (TCE)
Trichloroethane	Tetrachloroethylene	Trichlorofluoromethane
Chlorobenzene	Chlorinated/halogenated solvents	

SECTION 10 - CLAIMS

1. Are there any claims against your company or material/service litigation which would hamper your ability to supply product/service under quoted circumstances?

Yes No

If yes, please explain

SECTION 11 - CERTIFICATION

On behalf of the company identified herein, I certify that the statements and all answers to questions on this form are true and correct.

Name

Title

Signature

Date

(Officer responsible for assuring the accuracy of this document)

BUSINESS “TYPE” DEFINITIONS

1. LARGE BUSINESS

A business that exceeds the small business size code standards established by the U.S. Small Business Administration as set forth in code of Federal Regulation(CFR), Title 13, Part 121.

2. SMALL BUSINESS

A business, qualified as a small business under the criteria in 13 CFR Part 121.

3. SMALL DISADVANTAGED BUSINESS

A small business that is at least fifty-one percent (51%) owned by one or more individuals who are both socially and economically disadvantaged who are citizens of the U.S. and who control the management and daily business operations. The SBA defines socially disadvantaged groups as those who have been, historically, subjected to “racial or ethnic prejudice or cultural bias” within the larger American culture. Identified groups include: African Americans, Asian Pacific Americans, Hispanic Americans, Native Americans and Subcontinent Asian Americans. Members of other groups may qualify if they can satisfactorily demonstrate that they meet established criteria. Economically disadvantaged individuals are defined as those for whom impaired access to financial opportunities has hampered the ability to compete in the free enterprise system, in contrast to people in similar businesses who are not identified as socially disadvantaged.

4. WOMAN-OWNED SMALL BUSINESS

A business that is at least 51 percent owned by one or more women, or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women; and whose management and daily business operations are controlled by one or more women as defined in FAR 52.219- 8.

5. MINORITY OWNED SMALL BUSINESS

A business that is at least fifty-one percent (51%) or more minority-owned, operated and controlled by a United States citizen. Some minority groups are presumed to be socially and economically disadvantaged and can qualify for the 8(a) program. These groups include: African Americans, Hispanic Americans, Native Americans, Alaska Native Corporations, Indian Tribes, Native Hawaiian Organizations and Community Development Corporations, Asian Pacific Americans and Subcontinent Asian Americans. Individuals who are not members of one or more of these groups can be considered, but they must demonstrate that they have been subjected to bias or discrimination and are economically disadvantaged. (FAR 52.219- 8)

6. VETERAN-OWNED SMALL BUSINESS

A small business that is not less than 51 percent of which is owned by one or more veterans (as defined at 38 U.S.C. 101(2)) 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 veterans; and the management and daily business operations of which are controlled by one or more veterans. (FAR 52.219- 8)

7. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS

A small business (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 the management and daily business operations of which are controlled by one or more service-disabled veterans or, in the case of a service-disabled veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran. Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service connected, as defined in 38 U.S.C. 101(16). (FAR 52.219- 8)

8. HISTORICALLY UNDERUTILIZED BUSINESS ZONE SMALL BUSINESS

A small business that appears on the list of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration.