

Foreign



Type  
foreign

Name of your current AVI-SPL – Anderson AV – VideoLink employee contact or referral

Please identify the AVI-SPL – Anderson AV – VideoLink office or department that referred you to this portal.

## SECTION 1. Company Profile:

A. Full legal Name of your Business \*

Assumed Name or DBA \*

(if applicable)

B-1. Primary Place of Business. \*

Please use full postal address

Address 1 \*

Address 2

City \*

State or Province

Zip or postal code \*

Country \*

**B-2. Billing address \***

☐ Same as above

**Address 1 \***

**Address 2**

**City \***

**State or Province**

**Zip or postal code \***

**Country \***

**C. Phone (teléfono, الهاتف, telephone) including country code \***

**D. Company Web Site (if none, enter "none") \***

**E. Name of your Authorized Contact for this Evaluation - This form was completed by:**

**Name \***

**Phone**

**E-mail \***

**F. NAICS\* Code**

☐ Do not have a NAICS Code

☐ NAICS Code entered below

North American Industry Classification System\*. For questions refer to [www.sba.gov](http://www.sba.gov) website.

**G. What will be your relationship with AVI-SPL – Anderson AV – VideoLink? \***

- ☒ None
- ☐ Product vendor only
- ☐ AV Install Subcontractor
- ☐ AV Service / Repair Sub
- ☐ Mntnce Services
- ☐ Trade — working on AVI-SPL property
- ☐ Professional — On-Site
- ☐ Professional — Off-Site only
- ☐ Professional Programming
- ☐ Professional Engineer
- ☐ Other

**H. Company Structure \***

If an International Corporation (legally based outside of the USA).

**Country of Incorporation \***

**Please enter your Country's Business or Tax Registration Number \***

**If you have a United States TIN, please enter it here \***

(TIN: USA Tax Identification Number) \*

Note: in section 6, there will be information regarding W-8 forms.

**FEIN**

**I. Date of Legal Business Formation \***

**J. Province/Parish/Division/ County/State and Country of Business Formation \***

**K. Official Registered Address of your business \***

**L. List all other company names under which you have conducted business, including the time period in years. \***

If not applicable, check

☐ N/A

**Other name #1**

**Name of Business Entity**

**Time Period**

**Other name #2**

**Name of Business Entity**

**Time Period**

**Other name #3**

**Name of Business Entity**

**Time Period**

**M. List all additional countries in which you are registered to conduct business; Provide date of registration and registration number. \***

**If not applicable, check**

☐ **N/A**

**Country #1**

**Country**

**Registration Number**

**Date of Registration**

**Country #2**

**Country**

**Registration Number**

**Date of Registration**

**Country #3**

**Country**

**Registration Number**

**Date of Registration**

Country #4  
Country

Registration Number

Date of Registration

Country #5  
Country

Registration Number

Date of Registration

N. To the best of your knowledge, are any of your company's owners, directors, officers or members of senior management staff considered a "Public Official"? \*

- ☐ Yes  
☐ No

"Public Official" includes:

- person holding legislative, administrative, military or judicial office for any country
- person exercising a public function for any country, government or governmental agency
- employee of a government-owned or controlled enterprise
- official or agent of a public international organization
- political party or official of a political party

O. Is your company controlled by or a subsidiary of another company? \*

- ☐ Yes  
☐ No

If yes, provide name of controlling/parent company and % ownership held:

Name

% Ownership

P. List all owners holding a 5% or greater interest in your company. \*

If not applicable, check

☐ N/A

Owner #1

Owner #2

Owner #3

Owner #4

Owner #5

Q. List all companies your company directly or indirectly owns, or is under common ownership, by virtue of a controlling interest of 50% or more of the voting rights or capital, with your company or your parent company. \*

If not applicable, check

☐ N/A

Company #1

Company #2

Company #3

Company #4

Company #5

R. Company Payroll Staff vs Freelance: \*

☐ Have no employees other than myself

☐ Workforce consists of all payroll staff

☐ Workforce consists of some payroll staff and some freelance (subcontracted) staff

☐ Workforce consists of all freelance (subcontracted) staff

S. Size of Company's Workforce: \*

☐ one employee only

☐ 2-5

☐ 6-10

☐ 11-25

☐ 26-50

☐ 51-100

☐ 100+

T. Dun & Bradstreet number? Must answer Yes or No \*

- ☐ No, do not have a Dun & Bradstreet account number
- ☐ Yes, do have a DUNS (Dun and Bradstreet number)

If Yes, please enter 9-digit DUNS number here:

U. Your company Diversity must be selected (check all that apply) \*

- ☐ Large Business
- ☐ SB (Small Business) – (see the SBA regulations, 13 CFR121.201 or the Table of Small Business Size Standards follow link <https://www.sba.gov/size-standards/>)
- ☐ VOSB (Veteran Owned Small Business)
- ☐ SDVOSB (Small Disadvantaged Veteran Owned Small Business)
- ☐ HUBZone Small Business
- ☐ ANC (Alaskan Native Corporation)
- ☐ SDB (Small Disadvantaged Business)
- ☐ WOSB (Women Owned Small Business)
- ☐ Native American Owned
- ☐ 8(a)
- ☐ MBE (Minority Business Enterprise)
- ☐ WBE (Women's Business Enterprise)
- ☐ DBE (Disadvantaged Business Enterprise)
- ☐ Other (please elaborate)

- ☐ None of the above

## SECTION 2. References

**2.1 Please supply at least two business references, space is provided for up to three references \***

You can include a mix of General Contractors, Contractors, Suppliers, Audiovisual type firms, other Trade Contractors... that you have done business with in the last 3 years.

reference #1 \*

Company Name

Contact person/title

Phone

Fax

E-mail

**reference #2 \***

**Company Name**

**Contact person/title**

**Phone**

**Fax**

**E-mail**

**reference #3**

**Company Name**

**Contact person/title**

**Phone**

**Fax**

**E-mail**

**2.2 Litigation \***

**Has your company, (or you, if you are a sole proprietor) ever defaulted, failed to complete, or been terminated on a contract? \***

- ☐ **Yes**  
☐ **No**

**If yes, describe**

**Has your company (or you, if you are a sole proprietor) ever gone through a bankruptcy or reorganization? \***

- ☐ **Yes**  
☐ **No**

**If yes, describe**



### 2.3 Suspension/Debarquement Actions \*

To the best of your knowledge, has your company or any of its principal owners (including controlling/parent company), shareholders or partners, subsidiary(ies), officers, or affiliate(s) ever been named on a debarred or suspended persons/entities list, including but not limited to those maintained by the U.S. Office of Foreign Asset Control (OFAC), the U.S. Bureau of Industry and Security (BIS), the U.S. Directorate of Defense Trade Controls (DDTC), the U.S. Bureau of International Security and Non-Proliferation Sanctions (ISN), the World Bank, the International Monetary Fund (IMF), and any international financial institutions?

- ☐ Yes  
☐ No

If yes, describe

## SECTION 3. Capabilities and Qualifications

### A. Capabilities

Please answer all questions

If not applicable, please enter "N/A"

1. Mark the regions in which your company is authorized to provide goods and/or services. \*

#### Africa

- ☐ Eastern Africa  
☐ Middle Africa  
☐ Northern Africa  
☐ Southern Africa  
☐ Western Africa

#### Oceania

- ☐ Australia  
☐ New Zealand

#### Europe

- ☐ Central Europe  
☐ Northern Europe  
☐ Eastern Europe / Russia  
☐ Southern Europe

#### Asia

- ☐ Central Asia  
☐ Eastern Asia  
☐ Southern Asia  
☐ Southeastern Asia  
☐ Western Asia/Middle East

#### Americas

- ☐ Carribean  
☐ Central America  
☐ North America  
☐ South America

2. What types of products does your company offer? \*

- ☐ Audio Visual Equipment  
☐ Rental Equipment  
☐ Voice  
☒ Other

3. What type of services does your company offer? \*

- ☐ Audio Visual Installation
- ☐ Audio Visual Commissioning
- ☐ Programming
- ☐ Cable pulling
- ☒ Other

4. What type of work do you normally subcontract to others? \*

5. Identify any special skills or unusual work your company performs (ex. projects on off-shore oil rigs) \*

## B. Technical Qualifications in AV/Communications for International/Global Subcontractor

1. How many resources (employees and dedicated Individual subcontractors) in total do you have as your technical staff (Engineers, Installers, Programmers, etc)? \*

2. Please indicate number of resources with these skills and/or certifications (where you have specific certifications please state which and how many): \*

**Upload Certifications or other Documents in Section 7 – g – Other**

<input type="checkbox"/> InfoComm CTS <input type="text"/>	<input type="checkbox"/> InfoComm CTS-I <input type="text"/>	<input type="checkbox"/> InfoComm CTS-D <input type="text"/>	<input type="checkbox"/> PMP <input type="text"/>	<input type="checkbox"/> ISF-C <input type="text"/>
<input type="checkbox"/> BICSI ITS Installer <input type="text"/>	<input type="checkbox"/> BICSI ITS Installer II <input type="text"/>	<input type="checkbox"/> BICSI ITS Technician <input type="text"/>	<input type="checkbox"/> BICSI RCDD <input type="text"/>	<input type="checkbox"/> BICSI RTPM <input type="text"/>
<input type="checkbox"/> Cisco CCNA <input type="text"/>	<input type="checkbox"/> Cisco CCNP <input type="text"/>	<input type="checkbox"/> Cisco Programmer <input type="text"/>	<input type="checkbox"/> AMX ACE <input type="text"/>	<input type="checkbox"/> AMX Programmer <input type="text"/>
<input type="checkbox"/> Crestron DMC-D <input type="text"/>	<input type="checkbox"/> Crestron DMC-E <input type="text"/>	<input type="checkbox"/> Crestron DMC-T <input type="text"/>	<input type="checkbox"/> Crestron Programmer <input type="text"/>	<input type="checkbox"/> Polycom CVE <input type="text"/>
<input type="checkbox"/> Extron EAVA <input type="text"/>	<input type="checkbox"/> Extron Programmer <input type="text"/>	<input type="checkbox"/> Biamp Tesira <input type="text"/>	<input type="checkbox"/> Biamp Vocia <input type="text"/>	<input type="checkbox"/> ITIL <input type="text"/>
<input type="checkbox"/> None of the above				

3. How many employees have completed Syn-Aud-Con training programs? \*

If none, enter "0".

4. Is your company a member firm of InfoComm? \*

- ☐ Yes  
☐ No

5. Is your company a member firm of BICSI? \*

- ☐ Yes  
☐ No

6. Regarding Audiovisual/communication Service and Repair work. Please provide contact information for 3 customers or firms you have contracted with previously for Audiovisual systems / Communication Systems Service / Repair assignments:

Customer #1

Name \*

Contact information (Individual's name, phone and/or email) \*

Name

Phone

E-mail

When did you do service work \*

Type of AV project \*

Typical \$\$\$ level of a project \*

Please indicate if your company is an authorized reseller and/or service provider for the below manufacturers:

AMX	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Audio Technica	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Audix	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Avaya	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Barco	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Biamp	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Bose	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Chief	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Christie	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Cisco	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
ClearOne	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Crestron	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Da-Lite	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Draper	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Epson	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Extron	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Harman Professional	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Huddly	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
InFocus	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
JBL	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
LG	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Lifesize	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider

Logitech	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Microsoft	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Middle Atlantic	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Mitsubishi	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
NEC	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Panasonic	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Polycom	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Samsung	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Sennheiser	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Sharp	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Shure	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
SMART	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Sony	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
QSC	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider
Vaddio	<input type="checkbox"/> Reseller	<input type="checkbox"/> Service Provider

## SECTION 4. Health and Safety

As part of AVI-SPL's continuing commitment to safety, we assess our current and potential subcontractor's compliance with all applicable safety requirements, both regulatory and best practices. The following questionnaire, and list of required supplemental attachments, will assist us in assessing your safety programs.

Please contact Safety and Risk Management with any questions or concerns. [subcontractor@avispl.com](mailto:subcontractor@avispl.com) 813-884-7168

### 4.1 Health and Safety

Which Workplace health and safety regulatory board is your company subject to?

a. In the past 3 years, has your company received any inspections from a regulatory agency mentioned above? \*

- ☐ No  
☐ Yes

If yes, provide date and details

Date

Details

b. In the past 3 years, has your company received any citations from a regulatory agency? \*

- ☐ No  
☐ Yes

If yes, provide date and details

Date

Details

c. In the past 3 years, has your company experienced workplace fatalities? \*

- ☐ No  
☐ Yes

If yes, provide date and details

Date

Details

d. Does your company hold regularly scheduled and documented employee safety meetings? (I.e. Tailgate/Toolbox) \*

- ☐ No  
☐ Yes

If yes, how often? And what is covered at safety meetings?

e. Who conducts these meetings?

f. Does your company provide and require employees to use the following PPE? \*

PPE	Yes	No
Hard Hats	<input type="radio"/>	<input type="radio"/>
Safety Shoes/Boots	<input type="radio"/>	<input type="radio"/>
Eye/Face Protection	<input type="radio"/>	<input type="radio"/>
Fall Protection	<input type="radio"/>	<input type="radio"/>
Hearing Protection	<input type="radio"/>	<input type="radio"/>

g. Indicate all circumstances in which your company's employees are subject to alcohol/drug screening: \*

- ☐ Never ☐ Reasonable Cause/Suspicion ☐ Post-Accident ☐ Random  
☐ Periodic ☐ Return to Duty ☐ Follow-Up ☐ Pre-employment  
☐ for Badging or Site-Access ☐ Other:

In Section 7, you will be asked to upload a copy of your company's Health and Safety Policy or Manual.

## SECTION 5. Insurances

We will require a **Certificate of Insurance** from your broker or agent. You can submit/upload the certificate in Section 7.

### Insurance Provider

5.1 Please provide name and contact information for your primary insurance provider/broker/agent:

Name \*

Phone

Email

# Security Clearance

5.2 Do you, your firm, or employees in your firm, hold any government-issued security clearance? \*

Consider:

- USA- Personnel Security Clearance (PCL), and/or Facility Security (FCL);
- UK- Security Clearance (BPSS, CFC, SC);
- Canada - Security Clearance through ISP;
- or other Foreign Government Security Programs

☐ No, Do not have any security clearances

☐ Yes. If so, please briefly describe

## SECTION 6. E-Verify And Terms

AVI-SPL Global LLC., and its wholly owned subsidiaries, is a United States federal contractor and is obligated to abide by E-Verify rules, and compliance procedures and recognizes that U.S. law requires companies to employ only individuals who may legally work in the United States – either U.S. citizens, or foreign citizens who have the necessary authorization; AVI-SPL fully complies with E-Verify, and our subcontractors will be required to comply.

6.A This is understood and agreeable. \*

☐ Yes

☐ No

6.B Are you currently an [E-Verify](#) registered firm with U.S. government? \*

☐ Yes

☐ No

If Yes, please supply your E-Verify ID#

Notice: Not having an existing E-Verify registration is not a disqualification at this stage.

6.C Our Standard Payment Terms are NET60. Some customers may have alternative payment terms which will be discussed with you at the time of engagement. Other Payment Terms require approval. \*

☐ I Acknowledge the statement

Bank Information

Bank Name

Account Number

Routing Number

## SECTION 7.

### 1. Items to View and Print for your retention

**a. AVI-SPL minimal Insurance Requirements.**

[Click here to download and print](#)

**b. AVI-SPL Contact information regarding this Subcontractor application**

[Click here to download and print](#)

### 2. Items to View and to indicate Agreement With

**a. Master Subcontractor Agreement (Please note that this is not the final MSA, you can redline the agreement after the official document is sent via DocuSign.)**

[Click here to download](#)

☐ I acknowledge that this has been reviewed \*

**b. Compliance with AVI-SPL's Safety Policy**

[Click here to download](#)

☐ I acknowledge that this has been reviewed and agreed to \*

### 3. Items to view and sign

**a. Global Anti-Corruption Policy and Agreement**

[Click here to download and sign](#) \*

**b. Acknowledgment of Financial Check**

[Click here to download](#)

☐ I acknowledge that this has been reviewed and agreed to \*

### 4. Items to upload to this program

**a. Regarding the W8 form, please provide a United States IRS W8 or W9 form. As AVI-SPL is headquartered in the United States, we are required to have this documentation on file for companies outside of the US that we transact business with. There are different types of W8 forms available, but the most common is the W-8BEN-E form, which applies to entities instead of individuals. \***

The following link contains additional information about the different W8 forms available: <https://www.irs.gov/instructions/iw8>

Please complete the applicable W8 form for your business and upload it to your profile. When you are completing this form, please only respond to the aspects that are relevant to you – but please be sure to complete the first and last pages in particular.

**b. Please upload the following Certificates of Insurance (COI) and Documentation: \***

- Workers Compensation Certificate
- Public/General Liability Certificate
- Vehicle Insurance

☐ **Upload COI. Should comply with AVI-SPL Insurance requirements.**

**Workers Compensation Certificate**

This is also referred to as employees' compensation or labour insurance. Workers' compensation provides medical expenses, lost wages, and rehabilitation costs to employees who are injured or become ill "in the course and scope" of their job. In some countries this may be part of a government scheme.

**Workers' Compensation COI expires on**

**Public/General Liability Certificate**

This is a type of business Insurance which covers third party injury or damage claims made by another customer or business.

**General Liability COI expires on**

**Vehicle Insurance**

Please provide a certificate of active Motor Vehicle insurance if applicable. If this is not applicable to your business, please complete the [letter attached](#), copy it onto your company letterhead, and upload this to your profile. This attached letter is titled, "SMP Auto NA Template".

**Vehicle Insurance expires on**

**Umbrella / Excess insurance expires on**

**Professional Liability (E&O) expires on**

- ☐ **Do not have a Certificate of Insurance, or this is N/A**  
☐ **On order from broker. Will obtain and submit very soon.**

**c. Please upload your company's Health and Safety Policy or Manual \***

- ☐ **Upload Safety Policy**
- ☐ **Do not have a written Safety Policy, Manual or Safety Program**  
☐ **Will obtain and submit later**

**d. Please provide a copy of a cancelled bank check/cheque that contains your company's banking information, including your account number and routing number. \***

**e. Please provide a signed letter from your bank verifying your banking information. Please ensure this letter is on your bank's letterhead. \***

**f. Please provide a copy of your company's certificate of incorporation. \***

**g. Please provide a copy of your company's Tax Registration Certificate. \***

**h. Other Document(s) if applicable to this application and potential business relationship**  
**Upload other documents, applicable materials, certificates or certifications**