Department	of Vete	rans Affairs	SHO	P	DATA SHEET	(ART	IFICI	AL LIMBS)		
and/or shops of bidder's of Veterans Affairs. (If form is solicited under a	agents at w f space belo authority of However,	which service will be ow is not sufficient f Title 38, "Veterans	e performed under this cont t, please continue inform s Benefits", and will be u	ntract matio used 1	uplicate for each shop own t. The data submitted on t on on a separate sheet of to assist us in evaluating elaying the bidding proces	his form wil paper and your facility	l be check attach.) . It will	ked for accuracy by the I The information reques not be used for any othe	Department sted on this er purpose.	
1. NAME OF BIDDER					1A. FULL BUSINESS NAME OF SHOP (If other than item 1)					
2. COMPLETE ADDRESS OF SHOP NOTE: Firms which have previously held contracts with the Department of Vete					3. TRADE NAME (If any)		4. DAYS	OF BUSINESS		
								THROUGH		
							5. HOUR	S OF BUSINESS		
						211 · Y	- 1 1	A.M. TO	P.M.	
ocurred.	-		· ·							
6. NO. OF YEARS EXPER ENCE IN ARTIFICIAL LIMB BUSINESS AT PRESENT ADDRESS	RI- 7. NO. OF YEARS EXPERI- ENCE IN ARTIFICIAL LIMB BUSINESS AT OTHER LOCATIONS		8. DOES YOUR SHOP 8A USUALLY MAKE ITS OWN "SET-UPS?"		A. IF "NO" IS CHECKED IN ITEM 8, GIVE NA AND ADDRESS OF YOUR PRINCIPAL SUPPLIER		NAME	ME 9. IS IT COMMON PRACTICE TO REQUIRE A PHYSICIAN'S PRE- SCRIPTION AS A CONDITION FOR FITTING OF CIVILIAN AMPUTEES?		
								YES NO		
			IESS LESS THAN 3 Y		ARS, LIST TWO BUSINESS REFERENCES (Including bank reference)					
A. NAME AND LOCATION OF ORGANIZATION					B. NAME AND LOCATION OF ORGANIZATION					
11. GI		S AND ADDRESS	BES OF CIVILIAN PHY		ICIANS WHO HAVE REFERRED PATIENTS TO YOUR SHOP					
				1						
12. TOTAL NUMBER OF EMPLOYEES IN THE SHOP (Including official	OF EMPLOYEES GAGED IN THE BRICATION OF BS	S 14. NO. OF FULL-TIME QUALIFIED LIMB FITTERS EMPLOYED		(If none, then write "none")			ST-GRADUATE COURSE IN PROSTHETICS			
					UPPER EXTREMITY B. A/K PRC COURSE COURSE			HETICS C. OTHER (Specify)		
16. NAMES AND CERTIFICATE NUMBERS OF CERTIFIED SUCTION SOCKET FITTERS (If none								,		
A. NAME			CERTIFICATE NUMBE	ER	B. NAME			CERTIFICATE	E NUMBER	
17. SHOP LOCATED IN					FI 005	18. IS FITTING ROOM ON GROUND FLOOR YES NO			ELEVATORS	
19. TOTAL FLOOR SPACE OCCUPIED 20. TOTAL FLOOR SPACE IN WORK-					TOTAL FLOOR SPACE IN I					
BY SHOP SQ. FT. SHOP			SQ. FT.			SQ. F			SQ. FT.	
23. IS SHOP EQUIPPED WITH PARALLEL BARS FOR WALKING TRAINING?					4. IS SHOP EQUIPPED WITH FULL-LENGTH 25. IS S MIRRORS?			YES NO		
ITEM	26. IN NUMBER	1	R AND TYPE OF SHOI TYPE	P EQ	QUIPMENT (Use reverse s ITEM	side for equi	<u> </u>	ot listed) TYPE		
A. BAND SAW	HUMBER			G	S. SEWING MACHINE					
B. SANDING DISC				H.	I. GRINDING EQUIPME	NT				
C. SANDING PAPER					PAINT-SPRAYING					
D. FLEXIBLE SHAFT SANDER					EQUIPMENT	іт	_			
E. LATHE					. ALIGNMENT JIG					
(WOOD-TURNING) F. DRILL PRESS	!			0	0. OTHER (Specify)					
CERTIFICATION: I do above statements are true of my knowledge and bel	SIGNATURE AND TITLE	Ξ		I	1	DATE				

CONTINUATION SHEET (Use this space for all data fields that are too small to capture desired text entry)