Supplier Prequalification Checklist Solicitation # 5BSMTR-05-A-3004

Prospective Supplier's Name:		
Business Address:		
City:	State: Zip+4	
Daytime Phone:	Evening Phone:	
Fax:	Email:	

The following documents are submitted to demonstrate company (individual or corporation) interest and capability in obtaining Postal Service consideration as a prequalified supplier for transportation service. The enclosed documentation meets the established minimum requirements. Past performance documentation is enclosed. Financial documentation is submitted to substantiate company's stability and financial capability, with the understanding that our financial information will be viewed only by the Postal Service Evaluation Team and only for the mentioned purpose. The USPS agrees to nondisclosure of information submitted to anyone other than those making decisions concerning this prequalification application. Only sufficient information to show capability has been submitted.

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Do	cument	Enclosed	Missing, will be available
1.	Basic information requested in Section 3.1 of the solicitation application		
2.	Completed copy of PS Form 7319-C, Representations and Certifications, Section 3.1, question 14)		
3.	Financial information (Section 3.2)		
	A. Bank statements for last 3 months		
	B. Prequalification Financial Statement (form SMTP-5472-PQ)		
	C. Letter of Reference from Financial Institution		
	D. Tax Identification Number documentation (COPY of Social Security Card for Owner-Operators)		
4.	Addressed questions 2-4 under Section 3.2		
5.	Highway Transportation Service Experience, form SMTP-5473a (Section 3.3)		
6.	Response to questions 2-6 under Section 3.3		
7.	Information on service awards, form SMTP-5473b (Section 3.3)		
8.	Information on business affiliations, questions 1-5 (Section 3.4)		
9.	Description of company fleet, form SMTP-5473c (Section 3.5)		
10.	Information on employee programs, including a description of screening and training programs (Section 3.6)		

Document	Enclosed	Missing, will be available
Information on supplier capability – to include description of safety program, maintenance plan, DOT ratings, technology enhancements (questions 1-5 of Section 3.7)		
12. Proof of payment with insurance provider for the past 3 years (Section 3.7, question 6).		
13. Completed Subcontracting Plan highlighting the use of small, minority and women owned business.		
14. Completion of supplier certification, including requested signature (Section 3.8)		
Additional comments supplier cares to give for consideration by the Po	urchase Eval	uation Team:
Name of Individual Providing Information:	Date:	
Supplier Title:		
Signature:		