

**CERTIFICATION OF QUALIFIED PRODUCTS***(To be completed by manufacturer or manufacturer's representative)*OMB No. 0704-0487  
OMB approval expires  
October 31, 2027

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.**

Please complete a separate form for each plant location producing products qualifying to the specification listed in Block 1. Please certify that the products listed in Block 2 are available and the conditions in Block 5 are still accurate. After completion, please sign the form digitally or print and sign the form, then either scan and email it - or fax it - to the Qualifying Activity for the document in Block 1 to:

**1. GOVERNING SPECIFICATION/STANDARD** *(Include Title and revision/ amendment number if applicable)***2. MANUFACTURER'S DESIGNATION(S)** *(If more space is needed, continue in Block 4, "Remarks".)***3. COMPANY DATA**

a. MANUFACTURER'S LEGAL BUSINESS NAME

b. POINT OF CONTACT

(1) NAME *(Last, First, Middle Initial)*(2) ADDRESS *(Include ZIP Code)*(3) TELEPHONE *(Include Area Code)*

(4) EMAIL ADDRESS

c. PLANT PHYSICAL ADDRESS, CAGE CODE, AND OWNING COMPANY NAME *(For the plant manufacturing the products in Block 2)*d. MANUFACTURER'S LEGAL BUSINESS MAILING ADDRESS AND CAGE CODE *(If Plant and Manufacturer Legal Business/Corporate addresses are not co-located.)*PLANT CAGE\*  
CODE:

CAGE\* CODE:

\*Commercial and Government Entity (CAGE) Code: A CAGE Code is required to be listed on an electronic QPL or QML. To register for a CAGE Code, go to [www.sam.gov](http://www.sam.gov). If you experience problems, call toll free: 1-866-606-8220.

**4. REMARKS** *(Attach additional pages as needed. Please indicate at the top of each page the governing specification/standard, company name, and CAGE Code). For example, addresses & respective CAGE Codes for additional qualified plants. Disclose if form submitter is a Rebrander or a Repackager, if applicable.*

**5. THE UNDERSIGNED, A RESPONSIBLE OFFICIAL OF MANAGEMENT, HEREBY CERTIFIES TO THE FOLLOWING STATEMENTS EXCEPT AS MODIFIED UNDER REMARKS.**

a. Listed product(s) is (are) still manufactured at the plant address shown in 3.c. above.

b. Plant is under same management.

c. Product(s) is (are) being manufactured under the same conditions as originally qualified, i.e., same process, materials, construction, design, and manufacturer's designation.

d. Product(s) will meet the requirements and tests of latest effective issue of specification/standard.

e. Company name and addresses for CAGE Codes in Block 3 are current in the [www.sam.gov](http://www.sam.gov) database.f. TYPED OR PRINTED NAME *(Last, First, Middle Initial)*

g. POSITION TITLE

h. SIGNATURE

i. DATE SIGNED (YYYYMMDD)