Contractor/Vendor Information Sheet

*Please fill in all information below, type or print information clearly. Please complete the following questions and return to Daniel Smith (**smithdd@state.gov**) by **24 August 2026 @16:00EST**.*

Legal Business Name: _____

Tax ID No: _____ DUNS No: _____

Mailing Address: _____

City, State, Zip Code: _____

Country: _____

Toll Free Number: _____Website Address: _____

Point of Contact: _____

Phone Number: _____ Fax: _____

E-mail Address: _____

Country of Origin
U.S. Firm ___
Foreign Vendor ___
Country: _____

Size of Business:
Large ___
Small ___

Corporate Status:
Corporation ___
S-Corporation ___
Sole Proprietorship ___
Partnership ___
Other: _____

Type of Ownership:
Woman ___
Veteran-owned___ (Service-disabled ____)
Minority___
None of the Above ___
Other: _____

Socio-Economic Status:
8(a) Status ___
HUBZone___
Disadvantaged____
None of the Above ___
Other:_____

Registered in SAM: Yes____ No____

DCAA-approved accounting practices: Yes__ No____

Do you currently do business in Malawi? Yes____ No____

Have you performed guard services under NAICS code 561612? Yes____ No____

Can you obtain a security license in Malawi under your legal business name or a wholly owned subsidiary of your business? Yes____ No____