## **Pre-Award Survey of Prospective Contractor**

Paperwork Reduction Act Public Burden Statement: A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0595. Public reporting for this collection of information is estimated to be approximately 25 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 this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524.

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14B. POINT OF CONTACT

## ATTENTION:

CON

ACT (Check

applicable

box(es))

15B. SIGNATURE

REPRESENTS HIS CLASSIFICATION AS:

REGULAR DEALER

MANUFACTURER

OTHER (Specify)

15C. TELEPHONE NUMBER (Include AUTOVAN, WATS or FTS, if available)

15A. NAME OF REQUESTING ACTIVITY CONTRACTING OFFICER

17. RETURN PRE-AWARD SURVEY TO THIS ADDRESS:

AIIE	NTION:									
		<b>SECTION II</b>	- DATA (For Com	pletion by Contracting	Office)					
18A.	18B. NATIONAL STOCK NUMBER	18C.	18C. TOTAL	18D. UNIT	18E. DELIVERY SCHEDULE					
18A. ITEM NO.	(NEW) AND NOMENCLATURE		QUANTITY	PRICE	(a)	(b)	(c)	(d)	(e)	
		SOLICITED								
		OFFERED		\$						
		SOLICITED								
		OFFERED		\$						
		SOLICITED								
		OFFERED		\$						
		SOLICITED								
		OFFERED		\$						
		SOLICITED								
		OFFERED		\$						
		SOLICITED								
		OFFERED		\$						
		SOLICITED								
		OFFERED		\$						
		SOLICITED								
		OFFERED		\$						

14C. TELEPHONE NUMBER (with area code)

16A. NAME OF CONTACT POINT AT REQUESTING ACTIVITY (If different from Item 15A)

16B. TELEPHONE NUMBER (Include AUTOVON, WATS, or FTS, if available)

## **SECTION III - FACTORS TO BE INVESTIGATED**

19. MAJOR FACTORS	CHK.	SAT.	UN- SAT. (c)	20. OTHER FACTORS (Provide specific requirements in Remarks)	CHK.	SAT.	UN- SAT. (c)
A. TECHNICAL CAPABILITY				A. GOVERNMENT PROPERTY CONTROL			
B. PRODUCTION CAPABILITY			B. TRANSPORTATION				
C. QUALITY ASSURANCE CAPABILITY		C. PACKAGING					
D. FINANCIAL CAPABILITY				D. SECURITY			
E. ACCOUNTING SYSTEM				E. SAFETY			
21. IS THIS A SHORT FORM PRE-AWARD REPORT? (For completion by surveying activity)				F. ENVIRONMENTAL/ENERGY CONSIDERATION G. FLIGHT OPERATIONS/FLIGHT SAFETY			
YES NO  22. IS A FINANCIAL ASSISTANCE PAYMENT PROVISION IN THE SOLICITATION?  (For completion by contracting activity)  YES NO				H. OTHER (Specify)			

SECTION IV - SURVEYING ACTIVITY RECOMMENDATIONS						
24. RECOMMEND	25A. NAME AND TITLE OF SURVEY APPROVING OFFICIAL	25B. TELEPHONE NUMBER				
A. COMPLETE AWARD						
B. PARTIAL AWARD	25C. SIGNATURE	25D. DATE				
(Quantity)						
C. NO AWARD						

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