\(\) Department	of Veter	rans Affairs	SHO	P	D	ATA SHEET	(A	RTIF	ICIA	L LIMBS)			
NOTE: This form mus and/or shops of bidder's of Veterans Affairs. (If form is solicited under a	t be accurate agents at was space below thority of However,	tely completed and shich service will be ow is not sufficient and Title 38, "Veterans	performed under this con , please continue informs Benefits", and will be u	ntr ma use	ract. ation sed to	The data submitted on thi on a separate sheet of p assist us in evaluating you	s for ape r our fa	m will be r and atta acility. It	checked ach.) The will not	bidder and for all branch of accuracy by the Departure information requested on the used for any other pure effect on any other benefits.	tment n this pose.		
1. NAME OF BIDDER						1A. FULL BUSINESS NAME OF SHOP (If other than item 1)							
2. COMPLETE ADDRESS OF SHOP						3. TRADE NAME (If any)			4. DAYS OF BUSINESS THROUGH				
									5. HOURS OF BUSINESS A.M. TO P.M.				
NOTE: Firms which has ocurred.	ve previous	ily held contracts wi	th the Department of Vet	ter	rans A	ffairs DO NOT need to fil	l out	Item 6 th	rough Ite	em 11, unless changes have			
6. NO. OF YEARS EXPER ENCE IN ARTIFICIAL LIMB BUSINESS AT PRESENT ADDRESS	ENCE LIMB	OF YEARS EXPERI- E IN ARTIFICIAL BUSINESS AT ER LOCATIONS	8. DOES YOUR SHOP USUALLY MAKE ITS OWN "SET-UPS?"		A١	IF "NO" IS CHECKED IN ITEM 8, AND ADDRESS OF YOUR PRIN SUPPLIER			F	S IT COMMON PRACTICE REQUIRE A PHYSICIAN'S F SCRIPTION AS A CONDITION ITTING OF CIVILIAN AMPL	PRE- ON FOR		
			☐ YES ☐ NO							YES NO			
10. IF YOUR	FIRM HAS	S BEEN IN BUSIN	IESS LESS THAN 3 Y	Έ	ARS,	RS, LIST TWO BUSINESS REFERENCES (Including bank reference)							
A. NAME AND LOCATION OF ORGANIZATION													
11. GIVE NAMES AND ADDRESSES OF CIVILIAN PHYS						CIANS WHO HAVE REFERRED PATIENTS TO YOUR SHOP							
A. NAME AND OFFICE AL	B. NAME AND OFFICE ADD			RESS C. NAME			AND OFFICE ADDRESS						
12. TOTAL NUMBER OF EMPLOYEES IN THE SHOP (Including official	ENG	OF EMPLOYEES GAGED IN THE ELECTION OF	14. NO. OF FULL-TIME QUALIFIED LIMB FITTERS EMPLOYED		ON (If	ONE OR MORE OF THE FOLLOW (If none, then write "none")		VING POS	ED WHO HAVE SUCCESSFULLY COMPLETED ING POST-GRADUATE COURSE IN PROSTHETICS				
	LIME	,5				PPER EXTREMITY OURSE		B. A/K PROSTH COURSE		C. OTHER (Specify)			
16. NAMES AND CERTIFICATE NUMBERS OF CERTIFIED SUCTION SOCKET FITTERS (If none, then write "none")													
A. NAME CERTIFICATE NUMBER						B. NAME CERTIFICATE N				CERTIFICATE NUM	/IBER		
17. SHOP LOCATED IN PRIVATE RESIDENCE BUILDING OFFICE BUILDING (Specify) 19. TOTAL FLOOR SPACE OCCUPIED 20. TOTAL FLOOR SPACE IN WORK- 2						18. IS FITTING ROOM ON GROUND FLOOR YES NO			18A. IF ITEM 18 IS "NO," ARE ELEVATORS AVAILABLE YES NO				
19. TOTAL FLOOR SPACE BY SHOP			TAL FLOOR SPACE IN FI		SQ. FT.			SQ. FT.					
23. IS SHOP EQUIPPED V		IS SHOP EQUIPPED WITH FULL-LE MIRRORS? YES NO			25. IS SI	HOP EQUIPPED WITH RAN							
		DICATE NUMBER	R AND TYPE OF SHO	P	EQU	IPMENT (Use reverse sid	le fo	r equipme	ent not li	sted)			
ITEM	NUMBER	NUMBER TYPE						IUMBER		TYPE			
A RAND SAW		ı	ŀ	1 !	16	SEWING MACHINE	- 1	1					

A. BAND SAW 3. SEWING MACHINE B. SANDING DISC H. GRINDING EQUIPMENT C. SANDING PAPER I. PAINT-SPRAYING **EQUIPMENT** D. FLEXIBLE J. WELDING EQUIPMENT SHAFT SANDER K. ALIGNMENT JIG (WOOD-TURNING) O. OTHER (Specify) F. DRILL PRESS SIGNATURE AND TITLE CERTIFICATION: I do hereby certify that the DATE

of my knowledge and belief.

above statements are true and correct to the best

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