



Supplier Registration Data Collection Template

Frictionless technology allows suppliers to electronically submit and update information and provides for direct integration of supplier-based data with our eSourcing processes. Information you provide FPL is stored in a secure database and frequently accessed to identify capable suppliers as new needs and requirements arise.

Before you begin the online registration process, please review this guide and gather the information and documentation that will be requested during registration. Accuracy and completeness in providing information will help FPL have the best possible view of your firm and how we may be able to work together.

You will have the ability to attach the following documents where appropriate during the registration process:

Signed Copy of W-9	Insurance Certificate or ACORD	Diversity Certifications
EMR Documentation	Product Catalog	Company Brochure

Instructions for attaching documents in Frictionless:

1. Identify the field where an attachment is called for
2. Select "Add" to attach a document
3. Click to search your computer for the file to attach

* Required Data Fields

Company Information		
* Company Name:		
Abbreviated Name:		
DUNS ID:		
* Company Description:		
Web Site URL:		
Ticker Symbol:		
* Year Started:		
* Current Number of Employees:		
If Incorporated, State:		
Tax ID:		
Financial Information		
Working Capital	Current Assets – Current Liabilities from Balance Sheet	\$
Total Assets	from Balance Sheet	\$
Retained Earnings	from Balance Sheet	\$
EBIT	Earnings before Interest & Taxes or Operating Income from Income Statement	\$
Market Value of Equity	# Shares Outstanding from Balance Sheet x Stock Price from Quote Service	\$
Total Liabilities	from Balance Sheet	\$
Sales or Revenue	from Income Statement	\$
* Is the company party to any significant judgments, claims, or lawsuits pending or outstanding?	Yes / No	
* Is the company or any officers/principals of the company the subject of any investigation by the SEC or other governmental agencies?	Yes / No	
* Is the company involved in any bankruptcy or reorganization proceedings:	Yes / No	
If yes to any of the above questions, please explain:		
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>		



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Contact Information					
* First Name:					
* Last Name:					
Title:					
* Email:					
Phone:					
Business References					
	Company Name	Contact Name	Email Address	Telephone	
1.					
2.					
3.					
Address Information					
	Order From Address		Remit To Address (if different)		
* Address 1:					
Address 2:					
Address 3:					
* City:					
* State/Province:					
* Postal/Zip Code					
* County					
Region:					
Country:					
* Main Phone:					
Main Fax:					
Business Classification					
* Is your company a diversity-owned company?					Yes / No
If yes, please check all applicable diversity categories below:					
<input type="checkbox"/> Small Business <input type="checkbox"/> Small Disadvantaged Business – 8 (a) Certified <input type="checkbox"/> Women-Owned Small Business <input type="checkbox"/> Veteran-Owned Small Business <input type="checkbox"/> Service-Disabled Veteran-Owned Business <input type="checkbox"/> Hispanic Owned			<input type="checkbox"/> Asian American/Pacific Island Owned <input type="checkbox"/> African/Black American Owned <input type="checkbox"/> American Indian Owned <input type="checkbox"/> Minority – other <input type="checkbox"/> HUBZone Small Business		
Insurance Information					
Please select the insurance policies for which you meet the minimum requirement:					
<input type="checkbox"/> General Liability Insurance with minimum limits of \$1,000,000 combined single limit per occurrence for Bodily Injury and Property Damage Liability.					
<input type="checkbox"/> Comprehensive Automobile Liability Insurance with Bodily Injury Liability and Property Damage Liability with \$1,000,000 combined single limit per occurrence.					
OSHA Information					
Year	# of Employees	Fatality Cases	Lost Workday Cases	Other Recordable Cases	Citations/Violations
Experience Modification Rate (EMR)					
Year	Rate (documentation required)				



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Nuclear Qualifications	
Does your firm have a nuclear QA program that meets the requirements of 10CFR 50 Appendix B and complies with the applicable criteria of ANSI N45.2?	Yes / No
If so, does it meet the requirements of ASME B&PV Code Section III, NCA-3800 (or NCA-400, as applicable) for pressure retaining material or components?	Yes / No

Substance Abuse Testing	
Mark each occurrence in which your company conducts substance abuse testing:	Mark each occurrence in which your company conducts alcohol abuse testing:
<input type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> For Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Not at All	<input type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> For Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Not at All

Products/Services	
Please select the categories below which most accurately represent the products/services your company provides.	
<input type="checkbox"/> Arrestors <input type="checkbox"/> Bearings and Seals <input type="checkbox"/> Benefits <input type="checkbox"/> Breakers & Regulators <input type="checkbox"/> Building/Facilities Maintenance <input type="checkbox"/> Capacitors & Reclosers <input type="checkbox"/> Chemicals <input type="checkbox"/> Conduit <input type="checkbox"/> Connectors <input type="checkbox"/> Construction Services <input type="checkbox"/> Consumables <input type="checkbox"/> Craft Labor <input type="checkbox"/> EMT <input type="checkbox"/> Engineering Services <input type="checkbox"/> Environmental Services <input type="checkbox"/> Fiberoptics <input type="checkbox"/> Fleet Services <input type="checkbox"/> Fuses <input type="checkbox"/> Hardware <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Instrumentation Part and Spares <input type="checkbox"/> Insulation Supplies <input type="checkbox"/> Insulators <input type="checkbox"/> IT	<input type="checkbox"/> Lighting <input type="checkbox"/> Metering Devices <input type="checkbox"/> Miscellaneous Power Delivery <input type="checkbox"/> Nuclear <input type="checkbox"/> Office <input type="checkbox"/> Pipes/Valves and Fittings <input type="checkbox"/> Poles and Concrete Products <input type="checkbox"/> Professional Services – Business <input type="checkbox"/> Pumps, Motors, Diesels & Compressors <input type="checkbox"/> Rubber Molded <input type="checkbox"/> Sale of Real Property <input type="checkbox"/> Sale of Surplus/Scrap Material <input type="checkbox"/> Storm <input type="checkbox"/> Switches <input type="checkbox"/> T&D Labor <input type="checkbox"/> Telecommunications <input type="checkbox"/> Tools <input type="checkbox"/> Transformers <input type="checkbox"/> Transportation/Travel <input type="checkbox"/> Vegetation Management <input type="checkbox"/> Water Systems <input type="checkbox"/> Wind <input type="checkbox"/> Wire and Cable

Questions concerning the supplier registration process should be directed to FPL's Supplier Development department at Supplier_Development@fpl.com.