

2005 Mecklenburg County Metalworking Firms Company Data Request Form

This form contains any information we currently have on file for your company. Please update/complete the data for your company and return as soon as possible by faxing to 704/330-6013. You can also complete the form by downloading a copy from the following link at www.cpcc.edu/planning/forms.htm and returning it via e-mail to cheryl.roberts@cpcc.edu. If there are no changes, please sign and date the bottom of the form and return as soon as possible.

Company:

☞ Do you manufacture at this location? Yes No ⇨ Do you have other locations in the area? Yes No

Address: Division:

City: State: Zip: County:

Phone: Fax: Year company was established locally:

E-mail: Web:

● **Please fill in the name, title and email address for the President, Owner, Plant Mgr, or CEO of the local facility:**

Name: Title: Email:

● **Company Size:**

- Number of employees at this location:
- Plant square footage:
- Do you have cranes? Yes No
- If yes, how many?
- What is the maximum lift capacity?

● **Please verify/complete the names, titles, and email addresses of the persons in charge of the following areas:**

	Name	Title	E-mail Address
2nd in Command:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Accounting:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Personnel:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Marketing:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Production:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Public Relations:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Purchasing:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Internat'l Marketing:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Chief Info Officer:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

● **Company's Areas of Specialization:**

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Do you import? Yes No
 Corporate headquarters located at this site? Yes No
 Do you export? Yes No
 Does this company have a parent company? Yes No

If yes, please provide the company name and the city where it is located.

- Company name:

- City located:

Equipment at your location *(please give amount of all that apply):*

• Mills: <input style="width: 40px; height: 20px;" type="text"/> • Shears: <input style="width: 40px; height: 20px;" type="text"/> • Lathes: <input style="width: 40px; height: 20px;" type="text"/> • Grinders: <input style="width: 40px; height: 20px;" type="text"/>	• Screw Machines: <input style="width: 40px; height: 20px;" type="text"/> • Machine Centers: <input style="width: 40px; height: 20px;" type="text"/> • Punch Presses: <input style="width: 40px; height: 20px;" type="text"/> • Brakes: <input style="width: 40px; height: 20px;" type="text"/>	If you have additional <u>major</u> equipment, please list below: • <input style="width: 80%; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> • <input style="width: 80%; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> • <input style="width: 80%; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
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Please list your company's formal quality programs:

1.
2.
3.

Please list your company's major local product(s):

1.
2.
3.

Please list your company's service(s):

<ol style="list-style-type: none"> 1. <input style="width: 85%; height: 20px;" type="text"/> 2. <input style="width: 85%; height: 20px;" type="text"/> 3. <input style="width: 85%; height: 20px;" type="text"/> 4. <input style="width: 85%; height: 20px;" type="text"/> 5. <input style="width: 85%; height: 20px;" type="text"/> 	<ol style="list-style-type: none"> 6. <input style="width: 85%; height: 20px;" type="text"/> 7. <input style="width: 85%; height: 20px;" type="text"/> 8. <input style="width: 85%; height: 20px;" type="text"/> 9. <input style="width: 85%; height: 20px;" type="text"/> 10. <input style="width: 85%; height: 20px;" type="text"/>
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Form completed by:

Please print your name	E-mail Address	Phone	Today's date

Thank you for your cooperation. For any questions concerning this form, please call Cheryl Roberts, Senior Research Analyst, at 704/330-6688. Completed form may be faxed to 704/330-6013 or mailed to Cheryl Roberts, CPCC, The Center for Applied Research, PO Box 35009, Charlotte, NC 28235.

Please fax completed forms to 704/330-6013