

**U.S. Rail Supplier Mapping Project  
Railway Supply Institute, Inc.**



Please complete this form and help the Railway Supply Institute (RSI) complete the U.S. Rail Supplier Mapping Project.

**Please help us advocate for you and our industry by completing the mapping form as completely as you can.**

**Purpose:** The U.S. Rail Supplier Map will be used to illustrate to Congress and the Executive branch the size of our industry on a national scale and in individual congressional districts. We are aware this can be a tedious activity, please know your efforts are appreciated as this information drastically enhances our advocacy program.

**If you have questions about the RSI U.S. Supplier Mapping Project, please contact Nicole Brewin, RSI VP of Government Relations ([brewin@rsiweb.org](mailto:brewin@rsiweb.org) or 202-347-4664).**

**PART 1: Company Name / HQ Information / Questionnaire**

1. Company Name: \_\_\_\_\_

2. Headquarter Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code +4: \_\_\_\_\_

Description of products and/or services provided at this location

\_\_\_\_\_

3. Additional Information: In the space below or attached to your response email, please include any additional information you would like to provide, such as community involvement, outreach initiatives, press releases, partnerships, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Facility Tour: Would your company be willing to host a facility tour with your local member of congress with support from RSI? Yes \_\_\_\_\_ No \_\_\_\_\_

**Part II: Additional Facility Information**

Please list additional facility locations, divisions or subsidiaries within the U.S. If more space is needed, please see the space provided on page 3.

**1. Facility Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code +4: \_\_\_\_\_

Description of products and/or services provided at this location

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**2. Facility Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code +4: \_\_\_\_\_

Description of products and/or services provided at this location

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**3. Facility Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code +4: \_\_\_\_\_

Description of products and/or services provided at this location

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**4. Facility Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code +4: \_\_\_\_\_

Description of products and/or services provided at this location

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**5. Facility Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code +4: \_\_\_\_\_

Description of products and/or services provided at this location

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**6. Facility Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code +4: \_\_\_\_\_

Description of products and/or services provided at this location

\_\_\_\_\_  
\_\_\_\_\_

**7. Facility Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code +4: \_\_\_\_\_

Description of products and/or services provided at this location

\_\_\_\_\_  
\_\_\_\_\_

**8. Facility Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code +4: \_\_\_\_\_

Description of products and/or services provided at this location

\_\_\_\_\_  
\_\_\_\_\_

**9. Facility Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code +4: \_\_\_\_\_

Description of products and/or services provided at this location

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\_\_\_\_\_