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 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
   ____________________________________________________________________________
   ____________________________________________________________________________

2. Facility Name: ________________________________________________________________
   Address: ______________________________________________________________________
   City: ______________________ State: _______ Zip Code +4: ______________________
   Description of products and/or services provided at this location
   ____________________________________________________________________________
   ____________________________________________________________________________

3. Facility Name: ________________________________________________________________
   Address: ______________________________________________________________________
   City: ______________________ State: _______ Zip Code +4: ______________________
   Description of products and/or services provided at this location
   ____________________________________________________________________________
   ____________________________________________________________________________

4. Facility Name: ________________________________________________________________
   Address: ______________________________________________________________________
   City: ______________________ State: _______ Zip Code +4: ______________________
   Description of products and/or services provided at this location
   ____________________________________________________________________________
   ____________________________________________________________________________

5. Facility Name: ________________________________________________________________
   Address: ______________________________________________________________________
   City: ______________________ State: _______ Zip Code +4: ______________________
   Description of products and/or services provided at this location
   ____________________________________________________________________________
   ____________________________________________________________________________
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
_______________________________________________________________________________
_______________________________________________________________________________