



TSI Incorporated

500 Cardigan Road, Shoreview, MN 55126 USA
tel 651 490 2811 • toll free 800 874 2811 • fax 651 490 3824 • www.tsi.com

Corporate Capabilities Statement

This Corporate Capabilities Statement is intended to provide general information regarding TSI® Incorporated's business, products, and quality systems in response to commonly requested customer inquiries. Information contained in this document is current as of the date provided. For additional questions, please contact Customer Service at answers@tsi.com.

Capabilities Overview

TSI® Incorporated supplies commercial off-the-shelf (COTS) products that are manufactured for the general marketplace and provided on a consistent commercial basis to all customers.

TSI® Incorporated is the sole source manufacturer of its products and the exclusive provider of repair and calibration services for TSI® Incorporated equipment.

Our products support a wide range of industries, including government, medical and biomedical, pharmaceutical, semiconductor/electronics, automotive, construction, energy, and environmental applications.

1. Scope of Service

TSI® Incorporated, headquartered in Shoreview, Minnesota, is a global leader in precision measurement technology, delivering advanced instruments, software, and workflow solutions for occupational and environmental health, safety, industrial hygiene, and building performance applications.

2. General Information

Year Established	1961
State of Incorporation	Minnesota/USA
County/Congressional District	Ramsey/4th
Federal Tax ID	41-0843524
W-9	Attached
IRS Reporting	Corporation
Business Size	Large
Unique Entity Identifier (UEI)	HLY6Q9S8CEV8 expires 09/30/26
Cage Code	24575
Duns Number	00-625-3124
NAICS Codes	334512, 334513, 334516, 335419
Ownership	Privately Held
Parent Company	JJF Group Inc 3100 Metropolitan Centre 333 South 7th St Minneapolis, MN 55402
Phone	651-490-2860

(General Information, continued)

Toll Free	800-680-1220
Customer Service	answers@tsi.com
Web Address	https://tsi.com/home/
Payment Terms	Net 30
Shipping Terms	Inquire
Remittance & Banking Information	Attached
Liability Insurance	Attached
Cyber Insurance	Yes
SIC Codes	3822, 3823, 3826, 3829
Classification (SBC, SDB, WBE)	N/A
Number of Employees	870
Number of Work Shifts	2
Facility Square Footage	200,000

3. Government Contract Participation, Equal Employment Opportunity

As those terms are defined under the Federal Acquisition Regulations (FAR), TSI® Incorporated provides the following information.

- TSI® Incorporated is registered in SAM.gov, formerly Central Contractor Registration (CCR)
- TSI® Incorporated has completed the online representations and certifications on the ORCA website.
- TSI® Incorporated has participated in contracts subject to EEO clauses of
- FAR 52.222-26, Executive Order 10925, 11114, 11246, or 11375.
- TSI® Incorporated does not discriminate on the basis of race, color, religion, sex, gender, age, or national origin.
- TSI® Incorporated has filed all necessary compliance reports, including
- EEO-1, VETS-100.
- TSI® Incorporated has developed and has on file an Affirmative Action Program as required by the Secretary of Labor.
- TSI® Incorporated has no contingent fee representation agreements.
- TSI® Incorporated facilities are non-segregated.
- TSI® Incorporated, its officers, directors, and principals are NOT presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by a Federal Agency, nor have within the last five years been convicted of or have a civil judgement against them for any fraud or criminal offense relating to any government contracting.
- TSI® Incorporated has not had a government contract terminated for default within the last five years.
- TSI® Incorporated is not listed on the EPA list of Violating Facilities.
- TSI® Incorporated maintains a Drug Free Workplace.
- TSI® Incorporated pricing is determined independently, and without, for the purpose of restricting competition, any consultation, communication, or agreement with any competitor.
- Buy America Act (BAA) - COTS items are exempt from the domestic component content test normally used to evaluate BAA Compliance.
- TSI® Incorporated complies with the MacBride Principles. It does not, by itself or through an affiliate or subsidiary, have any ongoing business activities, operations, or facilities in Northern Ireland.

4. Quality Policy

The employees of TSI® Incorporated are committed to meet and, where possible, exceed our customer's requirements for application guidance, precision measurement solutions and data management through the continual improvement of our products and processes.

Other Policies

Commonly requested policies can be viewed on the TSI® Incorporated website:

e.g., Conflict Minerals, Environmental Policy, and REACH Declaration.

<https://tsi.com/discover-tsi/our-policies>

5. Quality Management System

Shoreview Location

Standard	Certificate #	Expiration Date
ISO 9001:2015 Certified	FM-509297	2026-05-10
ISO/IEC 17025:2017	AC-2850	2028-02-20

ANSI/NCSL Z540-1-1994 (R2002)

(TSI® Incorporated Instruments Only)

All certificates are available on our website: <https://tsi.com/discover-tsi/quality-management-systems>

Quality Management System Frequently Asked Questions

General Aspects of Quality

Is there a quality policy and is it reviewed on a regular basis?	Yes
Is there a current Quality Manual?	Yes
Is there an organizational chart?	Yes
Do documented procedures exist to support the QMS?	Yes
Are periodic internal audits performed and are the results documented?	Yes
Is there a documented process for corrective actions?	Yes

TSI® Incorporated does not distribute our Quality Manual, Procedures, or Organizational Chart.

Customer Feedback

Is there a documented complaint handling system?	Yes
Is there a computerized database for complaints?	Yes
Are complaints reviewed and actions tracked?	Yes
Is there a process for soliciting customer feedback?	Yes

Document Control

Is there a written document control procedure?	Yes
Is there a written procedure for controlling records, including record retention times?	Yes
Is there a change control process?	Yes

Personnel Qualification & Training

Does the company maintain job descriptions for personnel?	Yes
Is there a general training program for new hires?	Yes
Is there a training program for existing staff?	Yes
Are training records maintained for employees?	Yes

Equipment

Is there an equipment calibration program, and is it documented?	Yes
Is equipment routinely maintained, and is it documented?	Yes
Are out of tolerance conditions evaluated for impact?	Yes

Customer Orders (Contract Review)

Is there a procedure for customer order handling?	Yes
Are orders, contracts, and specifications reviewed to assure requirements can be met?	Yes

Controls

Are materials and components be qualified before use?	Yes
Does the company have a procedure for purchasing controls?	Yes
Does the company maintain Vendor files with the Vendor history?	Yes

Product Inspection & Testing

Does the company have written product inspection and testing procedures?	Yes
Are nonconforming materials properly controlled, reviewed, and dispositioned?	Yes
Are product failures investigated and corrective actions documented?	Yes
Are inspection records maintained and easily identifiable with the associated product?	Yes



Knowledge Beyond Measure.

TSI Incorporated - Visit our website www.tsi.com for more information.

USA	Tel: +1 800 874 2811	India	Tel: +91 80 67877200
UK	Tel: +44 149 4 459200	China	Tel: +86 10 8219 7688
France	Tel: +33 1 41 19 21 99	Singapore	Tel: +65 6595 6388
Germany	Tel: +49 241 523030		



TSI Incorporated

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Remittance and Banking Information

Account Name	TSI Incorporated
Physical Address	500 Cardigan Road
Shoreview	MN 55126-3903
Taxpayer ID	41-0843524
Account #	1-502-5005-9915
SWIFT #	USBKUS44IMT
Routing/ABA #	091000022
Account Type	Lockbox
Financial Institution	US Bank
Remittance Address	TSI Incorporated SDS 12-0764 PO Box 86 Minneapolis, MN 55486-0764
Overnight Remittance Address	TSI Incorporated SDS 12-0764 1200 Energy Park Dr St. Paul, MN 55108

For CAD, EUR or GBP contact: accounting@tsi.com

Please call 651-765-5274 or email accounting@tsi.com if you require any additional information.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/29/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown Insurance Services, Inc. 612-333-3323 901 Marquette Avenue Suite 1800 Minneapolis, MN 55402 USA	CONTACT NAME: Priya Krishnan and Kylie Kokaisel PHONE (A/C. No. Ext): 612-333-3323 FAX (A/C. No): 612-373-7270 E-MAIL ADDRESS: kylie.kokaisel@bbrown.com
INSURED TSI Incorporated ET AL & its subsidiaries 500 Cardigan Road Shoreview, MN 55126 USA	INSURER(S) AFFORDING COVERAGE INSURER A: AMERICAN ZURICH INS CO NAIC # 40142 INSURER B: LIBERTY MUT FIRE INS CO 23035 INSURER C: AMERICAN GUAR & LIAB INS 26247 INSURER D: HOMELAND INS CO OF NY 34452 INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 752332395

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GLO710694200	10/01/25	10/01/26	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AS2641004572035	10/01/25	10/01/26	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 0			AUC710694500	10/01/25	10/01/26	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WA764D004572015 (AOS Ded) WC7641004572025 (Retro)	10/01/25 10/01/25	10/01/26 10/01/26	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Professional Liability			730000033-001	10/01/25	10/01/26	Limit 5,000,000
D	Cyber Risk			730000033-001	10/01/25	10/01/26	Limit 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>TSI Incorporated</p> <p>2 Business name/disregarded entity name, if different from above.</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>500 Cardigan Road</p> <p>6 City, state, and ZIP code</p> <p>Shoreview, MN 55126</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
or									
Employer identification number									
4	1	-	0	8	4	3	5	2	4

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>Diana Hubbard</i>	Date <i>January 5, 2026</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they