SUPPLIER SELF CERTIFICATION FORM

(Please type out the information on this form. Handwritten forms will be returned.)

CERTIFICATION: Under 15 U.S.C. 645(d), any person who misrepresents company status can (1) be punished by a fine, imprisonment or both; (2) be subject to administrative remedies; and/or (3) be ineligible for participation in programs conducted under the authority of the Small Business Investment Act.

Legal Company Name: ____________________________________________ Tax ID: __________________

Contact Name: ____________________________________________ Job Title: ____________________________________________

E-Mail Address: __________________________ Phone Number: __________________________ Fax Number: __________________________

Mailing Address: ____________________________________________

City: __________________________ State: __________________________ Zip Code: __________________________

DUNS Number: __________________________ Primary NAICS Code: __________________________

WHAT BUSINESS CATEGORY DESCRIBES YOUR COMPANY:
Please select ALL that apply

- Business Size
  - [ ] Large Business
  - [ ] Small Business

- Business Enterprise Type
  - [ ] Disability-Owned ²
  - [ ] Disadvantaged ²
  - [ ] Historically Underutilized Business Zone ¹
  - [ ] Lesbian, Gay, Bisexual, or Transgender Owned ²
  - [ ] Service-Disabled Veteran-Owned
  - [ ] Veteran-Owned
  - [ ] Woman-Owned Business ²
  - [ ] None of the above

- Minority Business Category ²
  - [ ] Asian-Indian Owned
  - [ ] Asian-Pacific Owned
  - [ ] Black-Owned
  - [ ] Canadian-Aboriginal Owned
  - [ ] Hispanic-Owned
  - [ ] Native American-Owned
  - [ ] None of the above

NOTE ¹: If you are a Historically Underutilized Business Zone, please provide a copy of your scan certificates.
NOTE ²: If you are certified in any of the above business enterprise or minority business category, please provide a scan copy of your certificates.

____________________________________________
Signature of Certifying Individual

Name: __________________________

Date: __________________________