



### 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

- |                                               |                                                                                    |                                                                         |
|-----------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> <u>Business Size</u> | <input type="checkbox"/> <u>Business Enterprise Type</u>                           | <input type="checkbox"/> <u>Minority Business Category</u> <sup>2</sup> |
| <input type="checkbox"/> Large Business       | <input type="checkbox"/> Disability-Owned <sup>2</sup>                             | <input type="checkbox"/> Asian-Indian Owned                             |
| <input type="checkbox"/> Small Business       | <input type="checkbox"/> Disadvantaged <sup>2</sup>                                | <input type="checkbox"/> Asian-Pacific Owned                            |
|                                               | <input type="checkbox"/> Historically Underutilized Business Zone <sup>1</sup>     | <input type="checkbox"/> Black-Owned                                    |
|                                               | <input type="checkbox"/> Lesbian, Gay, Bisexual, or Transgender Owned <sup>2</sup> | <input type="checkbox"/> Canadian-Aboriginal Owned                      |
|                                               | <input type="checkbox"/> Service-Disabled Veteran-Owned                            | <input type="checkbox"/> Hispanic-Owned                                 |
|                                               | <input type="checkbox"/> Veteran-Owned                                             | <input type="checkbox"/> Native American-Owned                          |
|                                               | <input type="checkbox"/> Woman-Owned Business <sup>2</sup>                         | <input type="checkbox"/> None of the above                              |
|                                               | <input type="checkbox"/> None of the above                                         |                                                                         |

NOTE <sup>1</sup>: If you are a Historically Underutilized Business Zone, please provide a copy of your scan certificates.

NOTE <sup>2</sup>: If you are a 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: \_\_\_\_\_