

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**GENERAL INFORMATION**

Business Type:	<input type="checkbox"/> Large Business	<input type="checkbox"/> HUB Zone	Ethnicity:	<input type="checkbox"/> ASIAN PACIFIC
	<input type="checkbox"/> Minority Owned*	<input type="checkbox"/> Bonded		<input type="checkbox"/> BLACK AMERICAN
	<input type="checkbox"/> Non Minority			<input type="checkbox"/> HISPANIC
	<input type="checkbox"/> Small Business	Bond Amount		<input type="checkbox"/> NATIVE AMERICAN INDIAN
	<input type="checkbox"/> Small Disadvantaged	\$ _____		<input type="checkbox"/> SUBCONTIENT ASIAN AMERICAN
	<input type="checkbox"/> Woman Owned*			

Date Established: _____	SBA 8 (a)*: <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, provide letter of certification)
Total # of Employees: _____	SBA Date: _____
Annual Sales: _____	Certification Date: _____
Duns Number: _____	Certification Status: <input type="checkbox"/> YES <input type="checkbox"/> NO
Fed Tax ID: _____	Certification No.: _____
WWW Page: _____	Certification Source: _____
Business Description: _____	

\* Required to submit certificate of certification from National Minority Supplier Development Council or an Affiliate: Women Business Enterprise National Council (WBENC); Federal Government (i.e. SBA, SDB, 8(a), Hub Zone or Department of Transportation.)

**STANDARD INDUSTRIAL CLASSIFICATION**

SIC Code: \_\_\_\_\_

SIC Description: \_\_\_\_\_

**NORTH AMERICA INDUSTRIAL CLASSIFICATION**

NAICS Code	NAICS Description
1. _____	_____
2. _____	_____
3. _____	_____

**ADDITIONAL COMPANY INFORMATION**

Additional Locations/ Offshore Offices: _____ _____ _____ _____	Products/Services: _____ _____ _____ _____
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*Company Fiscal Year Ends: _____	Company Structure: <input type="checkbox"/> PRIVATELY HELD CORPORATION
	<input type="checkbox"/> PUBLICLY TRADED CORPORATION
	<input type="checkbox"/> SOLE PROPRIETOR