

Small Business Supplier Basic Information Sheet

Date: _____

Vendor Legal Name:	DBA (Doing Business as) Name:
Street Address:	PO Box No.:
City / State / Zip Code:	City / State / Zip Code:
Country:	Telephone:
Fax:	E-mail:
Contact Person:	DUNS Number:
Federal Tax Id No. (TIN)	Soc. Sec. No. (SSN) (Individuals only) (must be supplied before issuance of first order)

Primary NAICS Code: _____

Secondary NAICS Codes: _____

If NAICS code is not known, see http://www.naics.com/sba_sizestandards.htm

NAICS code claiming Small Business status for: _____

If SB, check **ALL** of the following that apply:

- | | <u>Certification</u>
Self or SBA |
|--|-------------------------------------|
| <input type="checkbox"/> Small Business (SB) | _____ |
| Note: All of the below categories are subsets of SB, and all that apply must be checked. | |
| <input type="checkbox"/> Woman-Owned Small Business (WOSB) | _____ |
| <input type="checkbox"/> Disadvantaged WOSB (DWOSB); if checked, WOSB must be checked. | (future use) |
| <input type="checkbox"/> Small Disadvantaged Business* (SDB) (must be SBA certified) | _____ |
| <input type="checkbox"/> 8(a)* Note: If checked, SDB must be checked (must be SBA certified). | |
| <input type="checkbox"/> HBCU/MI* Note: if checked, SDB must be checked. | _____ |
| <input type="checkbox"/> HUBZone** (HZ) (must be SBA certified) | _____ |
| <input type="checkbox"/> Veteran-Owned SB (VOSB) | _____ |
| <input type="checkbox"/> Service-Disabled VOSB; if checked, VOSB must be checked. | _____ |

* SDB, 8a, HUBZone must be SBA certified; see http://dsbs.sba.gov/dsbs/search/dsp_dsbs.cfm

** HBCU/MI must be on U.S. DOE HBCU/MI site: <http://www.ed.gov/about/offices/list/ocr/edlite-minorityinst.html>

Quality Standards Earned (ISO, mil specs, etc.). List all that apply.
