



SMALL BUSINESS CERTIFICATION

Name of Company

Telephone

Business Location Street Address

Fax

City

State

Zip Code

E-mail

BUSINESS TYPE: Check one classification which best describes your firm.

____ Manufacturer

____ Processor

____ Consultant

____ Distributor

____ Fabricator

____ Other (describe)

____ Services/Software

BUSINESS ORGANIZATION: Check one classification which best describes your firm.

____ Individual

____ Partnership

____ Non-Profit Organization

____ Joint Venture

____ Corporation – State Incorporated

BUSINESS CLASSIFICATION: Check ALL classifications which best describes your firm.

____ Small Business Concerns

____ Large Business Concerns

____ Service-Disabled Veteran Owned Small Business Concerns

____ Women Owned Small Business Concerns

____ Veteran-Owned Small Business Concerns

____ Alaska Native Corporations and Indian Tribes not certified as disadvantaged

____ Alaska Native Corporations and Indian Tribes not small businesses

____ Other (describe)

**** The below classifications require certification by SBA ****

____ Small Disadvantaged Business Concerns

____ HUBZone Small Business Concerns

Terms:

FOB:

Type of Product(s)/Services

Manufactured:

ISO 14001:

Is your facility(s) ISO 14001 certified _____ Yes _____ No

I certify that the above information is true in accordance with FAR 19 and the Small Business Administration.

Authorized Signature

Title

Name (please print)

Date