

**ALL FIELDS ARE REQUIRED AND MUST BE COMPLETE TO PROCESS**

If the information on this form changes, please submit an updated form.

<b>Full Company Name:</b>		
<i>*If a division, subsidiary or affiliate of another company, identify related Company information:</i>		
DUNs No.:	SAM.gov UEI*:	Taxpayer ID or Social Security No.:
Sales/Contract Office Street Address:		
City:	State:	9 Digit Zip: -
Country:	County:	Congressional District No.:
Contact:	Phone:	Fax:
Website:	E-Mail:	

<b>Supplier Type</b> <input type="checkbox"/> Supplier <input type="checkbox"/> Education/Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Other:	<b>Business Type</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Other:	<b>Socioeconomic Information</b> <input type="checkbox"/> <b>Large Business</b> If a Large Business, check the following if applicable: <input type="checkbox"/> Alaska Native Corporations (ANCs) and Indian Tribes that are not small businesses  <p align="center"><b>OR</b></p> <input type="checkbox"/> <b>Small Business (per 13 CFR 121)**</b> If a Small Business, check any of the following that apply: <input type="checkbox"/> Woman-Owned <input type="checkbox"/> Economically Disadvantaged Woman Owned <input type="checkbox"/> Women-Owned Small Business eligible under WOSB Program <input type="checkbox"/> Small Disadvantaged Business <input type="checkbox"/> Aleut Owned <input type="checkbox"/> Asian-Pacific American Owned <input type="checkbox"/> American Indian Owned <input type="checkbox"/> Black American Owned <input type="checkbox"/> Eskimo Owned <input type="checkbox"/> Hispanic American Owned <input type="checkbox"/> Native American Owned <input type="checkbox"/> Subcontinent Asian-American Owned  <input type="checkbox"/> HUBZone—SBA Certified (per FAR 52.219-4a) <input type="checkbox"/> Veteran-Owned <input type="checkbox"/> Service Disabled Veteran-Owned <input type="checkbox"/> Historically Black College & University (HBCU) <input type="checkbox"/> Alaska Native Corporations (ANCs) Owned <input type="checkbox"/> Indian Tribe (Federally Recognized) Owned <input type="checkbox"/> Tribally Owned Firm <input type="checkbox"/> 8(a) Business Development Program Certified <input type="checkbox"/> Native Hawaiian Organization Owned Firm												
<b>North American Industrial Classification System**</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NAICS Code</th> <th style="width:33%;">NAICS Industry Title</th> <th style="width:33%;">Size Standard</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>North American Industrial Classification System (NAICS) codes and descriptions applicable to the products/services offered (see <a href="http://www.census.gov/epcd/www/naics.html">www.census.gov/epcd/www/naics.html</a>). List Primary NAICS code first. If additional codes apply, provide information on an attached sheet.</p>			NAICS Code	NAICS Industry Title	Size Standard									
NAICS Code	NAICS Industry Title	Size Standard												
<b>Annual Revenue***</b>														
<b>Number of Employees***</b> <i>*To obtain a Unique Entity ID (UEI) <a href="https://sam.gov">https://sam.gov</a></i>  <i>**To qualify as a Small Business, your business must not exceed the size standard for the NAICS code FMP best believes describes the product/service being acquired.</i>  <i>***Required if business entity certifies as a Small Business per 13 CFR 121</i>														

<b>Supplier Representative Certification</b> <i>For the penalties for false representation, see FAR 52.219-1(d)(2) and 52.219-9(e)(5)</i>	
<b>Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

Misrepresentations of business status as a small, small disadvantaged, small women-owned, small veteran-owned (including service disabled), and HUBZone small business concerns for the purpose of obtaining a subcontract that is to be included as part or all of a goal contained in the requesting Contractor's subcontracting plan, without remedy, can result in severe penalties.

Under 15 U.S.C. 645 (d), any person who misrepresents a firm's status in these same categories in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9 or 15 of the Small Business Act or any other provision of the Federal law that specifically references section 8(d) for a definition of program eligibility, shall: (i) Be punished by imposition of fine, imprisonment, or both; (ii) Be subject to administrative remedies, including suspension and debarment; and (iii) Be ineligible for participation in programs conducted under the authority of the act.