

## Business Size and Status Representation

Vendor (Legal) Name _____	Phone Number _____
DBA Name _____	Fax Number _____
Address _____	Email Address _____
City, State, Zip (9-digit zip) _____	DUNS No. (required) _____
<b>Remittance Address (if different from above)</b>	Cage Code: _____
Address _____	URL: _____
City, State, Zip (9-digit zip) _____	No. of Employees _____
Payment Terms <b>NET 45</b>	Business POC Name & Phone _____
Business Size Type (SELECT ONLY ONE then proceed to Business Ownership Section below)	
<input type="checkbox"/> Small Business <input type="checkbox"/> Large Business <input type="checkbox"/> Foreign-Owned (Non US) <input type="checkbox"/> Non-Profit	
Business Ownership (Select all that apply, if minority or disadvantaged proceed to Section below)	
<input type="checkbox"/> Woman-owned (51%) <input type="checkbox"/> Veteran-owned <input type="checkbox"/> Minority Owned (51%) <input type="checkbox"/> Service-Disabled Veteran-Owned <input type="checkbox"/> Small Disadvantaged (See ** Below) <input type="checkbox"/> Historically Black College/Minority Institution <input type="checkbox"/> HUBZone (certified by SBA) Expiration Date: _____	
<b>**SELF-CERTIFIED SDB'S must meet the criteria in 13 CFR Part 124</b>	
If Minority-owned or disadvantaged (above), please check the appropriate category:	
<input type="checkbox"/> African-American <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific-American <input type="checkbox"/> Subcontinent Asian-American <input type="checkbox"/> Hispanic-American <input type="checkbox"/> Alaska Native Corporation (ANC) <input type="checkbox"/> Other than those listed Identify: _____ Mentor-Protege? Y/N Program _____	
Many companies operate with Several NAICS, list the primary NAICS first and follow with any additional NAICS. Please indicate whether you qualify as a small business in any of the NAICS listed.	
Supply/Service _____	NAICS _____ <input type="checkbox"/> Small Business
Supply/Service _____	NAICS _____ <input type="checkbox"/> Small Business
Supply/Service _____	NAICS _____ <input type="checkbox"/> Small Business
Supply/Service _____	NAICS _____ <input type="checkbox"/> Small Business
Has your company name changed in the last 12 months <input type="checkbox"/> NO <input type="checkbox"/> YES. (If YES, please provide the following):	
Previous Name _____	Date of ownership change _____
<b>Note: All vendors must sign this form</b>	
Authorized Signature _____	Title _____
Printed Name _____	Date Signed _____

PAE may award procurement to the vendor where the costs will be charged to a U.S. Government prime contract or subcontract. If so, the seller is advised that the U.S. Government may impose a penalty against a firm misrepresenting its business size and/or disadvantaged status for the purpose of obtaining a procurement that is to be included as part, or all of a goal contained in PAE's Subcontracting Plan. **Eligibility as a small business is based on the regulations issued by the Small Business Administration in CFR 13, part 121 of the SBA Rules and Regulations.**

All U.S. Government contractors/grantees globally can receive a DUNS number at no charge and, under normal circumstances, within 24-72 business hours when using the D&B web form process by accessing: <http://fedgov.dnb.com/webform>.