



VENDOR REPRESENTATION OF BUSINESS SIZE AND CLASSIFICATION

FAR 52.212-3 (b)(1) - Annual Representations and Certifications <http://acquisition.gov/far/index.html>
Submit signed form and all required information via fax to 602-564-2576 or email to purchasing@triwest.com
Email questions to purchasing@triwest.com

Company Legal Name:		Primary Contact Name:	
Address:		Remit to address: (if different)	
City, State, Zip:		City, State, Zip:	
Phone #:		Phone #:	
Fax #:		Fax #:	
E-mail address:		WEBSITE:	

BUSINESS TYPE REPRESENTATION:

- Corporation
- Franchise (please attach franchise agreement)
- Foreign-Owned
- LLC
- Sole Proprietorship (list SS#: _____)
- Other (list type): _____
- Non-Profit Organization
- Branch (list Head Quarter's Location: _____)
- Owned or controlled by a parent company?
- If Yes, list name of parent company: _____

BUSINESS SIZE REPRESENTATION:

- Large Business
- Small Business - must meet the Small Business Administration small business size standards for main NAICS code - http://www.sba.gov/idc/groups/public/documents/sba_homepage/serv_sstd_tablepdf.pdf (look-up website)

<p>Number of Employees for the past 12 months (includes parent company, other divisions, subsidiaries and affiliates) check only one:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 50 or fewer <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-750 <input type="checkbox"/> 751-1,000 <input type="checkbox"/> Over 1,000 	<p>Average Annual Gross Revenues for the last 3 fiscal years (check only one):</p> <ul style="list-style-type: none"> <input type="checkbox"/> \$1 million or less <input type="checkbox"/> \$1,000,001-\$2 million <input type="checkbox"/> \$2,000,001-\$3.5 million <input type="checkbox"/> \$3,500,001-\$5 million <input type="checkbox"/> \$5,000,001-\$7 million <input type="checkbox"/> \$7,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$17 million <input type="checkbox"/> Over \$17 million
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Primary 6-digit North American Industry Classification System Code (NAICS) (look-up website)<http://www.census.gov/epcd/www/naics.html>

BUSINESS CLASSIFICATION REPRESENTATION:

OWNERSHIP STATUS -- The undersigned represents that we are (check ALL that apply):

Are you certified and/or listed in the CCR Dynamic Small Business Search Database (http://dsbs.sba.gov/dsbs/search/dsp_dsbs.cfm) for any of the following classifications? (for definitions go to: http://www.sba.gov/idc/groups/public/documents/sba_homepage/sba_018680.htm)

Check all that applies to your business: (Please include a copy of your SBA profile along with this form)

- 8(a)
- Small Disadvantaged Business
- Historically Underutilized Business Zone (HUBZone)
- Woman-Owned Small Business
- Veteran-Owned Small Business
- Service-Disabled Veteran-Owned Small Business
- Small Business Enterprise

Is your firm at least 51 percent owned, controlled and operated by one or more of the following? Check all that applies to your business:

- African American
- Asian-Pacific American
- Asian-Indian American
- Native American (American Indian, Eskimo, Aleut or Native Hawaiian)
- Hispanic American
- Other Ethnic Minority (please list): _____
- Women
- Service-Disabled Veteran
- Veteran
- Not Applicable

Is your firm certified as a Minority, Women, Veteran, or Service-Disabled Veteran Business Enterprise by any of the following? Check all that applies to your business: (Please include a copy of your certificate along with this form)

- National Minority Supplier Development Council/NMSDC
- Women's Business Enterprise National Council/WBENC
- City / State Certification (list agency): _____
- Other diversity business councils (list): _____
- U.S. Department of Veterans Affairs - verification program
- Association for Service Disabled Veterans
- Not Applicable

NOTICE: In accordance with U.S.C. 645(d), any person who misrepresents a firm's proper size classification shall (1) be punishable by imposition of a fine, imprisonment, or both, (2) be subject to administrative remedies, and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.

I certify under penalty of perjury that the information on this form is true, correct and complete.

Print Name: _____ Title: _____

Signature: _____ Date: _____