

Vendor Representation of Business Size and Classification FAR 52.212-3 (b)(1) - Annual Representations and Certifications http://acquisition.gov/far/index.html. Send completed and

signed form via email to VendorRegistration@	<u>TriWest.com</u> or fa	x to 602-564-2462; Email questio	ns to <u>mwentzel@TriWest.com</u> .
	Vendor In	formation	
Company's Legal Name:		Primary Contact Name:	
Address:		Remit Address:	
City, State, Zip:			
Phone #:			
Email Address:			
	Business Re	presentation	
Small Business - small business size stand		•	
https://www.sba.gov/document/supporttab			
Туре		Size	
Number of Employees for the past 12 months - includes parent company, other divisions, subsidiaries and affiliates		Average Annual Gross Revenues for the last 5 fiscal years (check only one):	
(check only one):	4500	\$6 Million or less	\$22,000,001 - \$30 Mil
100 or fewer 501-750 1251-1		\$6,000,001 - \$8 Mil	\$30,000,001 - \$35 Mil
101-250 751-1000 Over 1 251-500 1001-1250	1500	\$8,000,001 - \$12 Mil \$12,000,001 - \$16.5 Mil	\$35,000,001 - \$41.5 Mil Over \$41.5 Mil
Primary 6-digit North American Industry Classi	ification System	\$16,500,001 - \$10.5 Mil	Over \$41.5 iviii
Code (NAICS)			
(look-up website: http://www.census.gov/epcd/www/naics.html) Please indicate primary here:			
Business Classification - OWNERSH	IIP STATUS - The	undersigned represents that we	are (check ALL that apply):
Are you certified at least 51 percent owned, or Dynamic Small Business Search Database https://www.sba.gov/feder (for definitions go to: https://www.sba.gov/feder	o://dsbs.sba.gov/ds	sbs/search/dsp_dsbs.cfm for any	•
Check all that applies to your business: (Ple	ease include a cop	by of your SBA profile along with t	his form)
Veteran-Owned Small Business Woman-Owned Small Business Small Disadvantaged Business Service-Disabled Veteran-Owned Small Business Historically Underutilized Business Zone (HUBZone)			
Is your firm certified as a Minority, Women, V	eteran, or Service	-Disabled Veteran Business Enter	prise 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 Small Business Administration (SBA) Veteran Business Enterprise Certification Program			
Ability One / National Industries for the Blind Status			
Are you an authorized "Ability One" Distributor	? Are you	ı an authorized "National Industries	for the Blind" Services Provider
	ГОИ	TICE	
In accordance with U.S.C. 645(d), any person imposition of a fine, imprisonment, or both, (2 programs conducted under the authority of the	2) be subject to a	dministrative remedies, and (3)	
I certify under penalty of perjury that the in	formation on this	form is true, correct and com	olete.
Print Name:		Title:	
Signature:			Date: