



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 rnash@trivest.com or fax to 602-564-2462; Email questions to rnash@trivest.com.

Vendor Information

Company's Legal Name: _____ Primary Contact Name: _____
 Address: _____ Remit Address: _____
 City, State, Zip: _____ City, State, Zip: _____
 Phone #: _____ Phone #: _____
 Email Address: _____ Website: _____

Business Representation

Small Business - small business size standards for main NAICS code <https://www.sba.gov/document/support--table-size-standards> (Review on website)

Type

Number of Employees for the past 12 months (includes parent company, other divisions, subsidiaries and affiliates check only one):

100 or fewer	501-750	1251-1500
101-250	751-1000	Over 1500
251-500	1001-1250	

Size

Average Annual Gross Revenues for the last 3 fiscal years (check only one):

\$6 Million or less	\$22,000,001 - \$30 Mil
\$6,000,001 - \$8 Mil	\$30,000,001 - \$35 Mil
\$8,000,001 - \$12 Mil	\$35,000,001 - \$41.5 Mil
\$12,000,001 - \$16.5 Mil	Over \$41.5 Mil
\$16,500,001 - \$22 Mil	

Primary 6-digit North American Industry Classification System Code _____

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

Are you certified at least 51 percent owned, controlled and operated by one or more of the following 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: <https://www.sba.gov/federal-contracting/contracting-assistance-programs/>.)

Check all that applies to your business: (Please include a copy of your SBA profile along with this 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, 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
- U.S. Department of Veterans Affairs - verification program
- Women's Business Enterprise National Council/WBENC
- VA Veteran Business

Ability One / National Industries for the Blind Status

Are you an authorized "Ability One" Distributor? _____ Are you an authorized "National Industries for the Blind" Services Provider? _____

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: _____