Savannah River Nuclear Solutions Supplier Information Form

Please complete and sign this form.	Print or type. * Indicates req	uired field. ** SRNS requir	res suppliers to be registe	ered in SAM.
Part I General Informat	ion			
*Company Name:				
A Subsidiary/Division of:				
*Street Address:				
*Country Name: (other than USA)		*City:		
*State: *Z	Zip + 4:**	*County Name:		
*Contact Name:				
*Contact Phone:	Toll Fi	ree:	Fax:	
*Email Address:				Accepts Credit Card:
Web Site Address:				
Part II Business Specif	ic Information			
*DUNS Number:		mber:	*Incorporated: Yes	No *Avg No. of Employees:
*Annual Revenue:	**System for Award Manag	gement (SAM) Registration:	Yes No	SAM Expiration Dt:
Global DUNS No:	Global Parent Name:			
Part III Business Qualif	ications (Select all that	t apply)		
Is your business: (Please select all that	at apply)			
Service Disabled Veteran:	Woman-Owned:	Veteran Owned:	Certified 8(a):	exit date:
State/Local Government:	Foreign-Owned:	Non-Profit:	Certified HUBZone:	entrance date:
Economically Disadvantaged Women Owned Small Business:	Educational Institution:	Federal Government:	Certined HUBZONE.	
Part IV *Ethnicity (Select o	ne only.)			
	e Hawaiian Owned	American Indian Owned	Asian-Pacific A	merican Owned
	nic American Owned	Native American Owned	Subcontinent Asian A	None
Part V * Company Classification Large Business NAICS: Please list all six-digit NAICS codes which you are classified as a Large Business.				
Small Business NAICS: Pleas	se list all six-digit NAICS code	s which you are classified	as a Small Business	
Notice: Under 15 USC 645 (d), any p business concern in order to obtain a d Business Act or any other provision of imposition of fine, imprisonment, or bo in programs conducted under the auth I hereby certify that the information pro	contract to be awarded under the Federal law that specifically refe th; (2) Be subject to administrationity of the Act.	e preference programs estat erences section 8(d) for a de ive remedies, including susp	blished pursuant to sections efinition of program eligibilit	s 8(a), 8(d), 9, or 15 of the Small y, shall(1) Be punished by
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Authorized Signature:				Date:

Field	Definitions			
Zip + 4	SRNS requires a zip + 4 code. This is the basic five-digit code plus four additional digits to identify a geographic segment within the five-digit area of your business address. See https://tools.usps.com/go/ZipLookupAction .			
DUNS Number	The unique nine-character identification provided by Dun and Bradstreet (D&B) that is assigned to your entity.			
Annual Revenue (\$)	The average receipts over the last three complete fiscal years, including receipts of the parent organization, all branches, and all affiliates worldwide.			
Number of Employees	The average number of employees, including all affiliates. This is the average number of persons employed for each pay period over the firm's latest 12 months, including persons employed by the parent organization, all branches, and all affiliates worldwide.			
Global Parent Name	The legal business name of your global parent entity as defined in SAM, if applicable.			
Global DUNS Number	Your global parent organization's DUNS number as defined in SAM.			
8A Firm	Certification that your entity represents itself as an 8(a) business concern or an 8(a) joint venture firm.			
Veteran-Owned Business	Certification that your entity represents itself as a Veteran Owned business concern.			
Service-Disabled Veteran Owned Business	Certification that your entity represents itself as a Service-Disabled Veteran Owned business concern.			
Historically Underutilized Business Zone (HUBZone) Business	Certification that your entity represents itself as a Historically Underutilized Business Zone (HUBZone) concern. If the SBA determines that a concern is a HUBZone small business concern, it will issue a certification to that effect and will add the concern to the List of Qualified HUBZone Small Business Concerns at http://dsbs.sba.gov/dsbs/search/dsp_searchhubzone.cfm.			
Women-Owned Small Business	Certification that your entity represents itself as a Woman-Owned Small Business or Join Venture Woman Owned Small Business, has registered in SAM.gov, and has submitted documents verifying its eligibility at the time of initial offer to the WOSB Program Repository.			
Economically-Disadvantaged Women Owned Small Business	Certification that your entity represents itself as an Economically Disadvantaged Woman Owned Small Business or a Joint Venture Economically Disadvantaged Woman Owned Small Business.			
Alaskan-Native Corporation	Certification that your entity represents itself as an Alaskan Native Owned (ANC) Corporation.			
American Indian Owned	Certification that your entity represents itself as an American Indian Owned Business concern.			
Asian-Pacific American Owned	Certification that your entity represents itself as an Asian-Pacific American Owned concern.			
Black American Owned	Certification that your entity represents itself as a Black American owned concern.			
Hispanic American Owned	Certification that your entity represents itself as a Hispanic American Owned concern.			
Native American Owned	Certification that your entity represents itself as a Native American Owned Business concern.			
Native Hawaiian Owned	Certification that your entity represents itself as a Native Hawaiian Owned (NHO) concern.			
Subcontinent Asian-American Owned	Certification that your entity represents itself as a Subcontinent Asian (Asian-Indian) American Owned Business.			