

**SUPPLIER DATA SHEET - REPRESENTATIONS**

Full Company Name\* \_\_\_\_\_

*\*If a division/subsidiary of another company, identify Parent Company Name \_\_\_\_\_*

Taxpayer I.D. \_\_\_\_\_ - \_\_\_\_\_ or Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DUNs Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (if available)

Sales/Contract Office Address

Street Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

E-Mail Address \_\_\_\_\_ www Page \_\_\_\_\_

Payment Address (if different from above)

Street Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

North American Industrial Classification System (NAICS) codes and descriptions applicable to the products/services your firm offers (refer to [www.census.gov/epcd/www/naics.html](http://www.census.gov/epcd/www/naics.html) ).

List Primary NAICS code first.

NAICS Codes	NAICS Code's Description

If additional codes apply, provide information on an attached sheet.

Type of Business

- Corporation
- Partnership
- Individual/Sole Proprietor
- Other \_\_\_\_\_

Supplier Type

- Supplier
- Education/Non-Profit
- Government
- Consultant
- Other: \_\_\_\_\_

Socioeconomic Information (check all that apply)

- Small Business (per 13 CFR 121)\*
- Large Business
- Woman-Owned
- Small Disadvantaged Business
- Hub Zone—SBA Certified (per FAR 52.219-4a)
- Veteran-Owned
- Service-Disabled Veteran-Owned
- Historically Black College & University (HBCU)
- Jarvis Wagner - O'Day Program
- National Industries for Blind Program
- National Industries for Severely Handicapped

\* Size standard for primary NAICS Code identified above

Accept Credit Card

- YES
- NO

**Note: PENALTIES FOR FALSE REPRESENTATION: FAR 52-219-1 (d) (2) and 219-9 (e) (4)**

- Misrepresentations of business status as a small, small disadvantaged, small women-owned, small veteran-owned (including service disabled), and HUB Zone small business concerns for the purpose of obtaining a subcontract that is to be included as part of all of a goal contained in the requesting Contractor's subcontracting plan, without remedy, can result in severe penalties.
  
- Under 15 U.S.C. 645 (d), any person who misrepresents a firm's status in these same categories in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9 or 15 of the Small Business Act or any other provision of the Federal law that specifically references section 8(d) for a definition of program eligibility, shall: (i) Be punished by imposition of fine, imprisonment, or both; (ii) Be subject to administrative remedies, including suspension and debarment; and (iii) Be ineligible for participation in programs conducted under the authority of the act.

Signature/Certification:

<b>SUPPLIER REPRESENTATIVE</b>	
Name: _____	Title: _____
Signature: _____	Date _____

RETURN TO THE ATTENTION OF: \_\_\_\_\_  
(CONTRACT ADMINISTRATOR)

**If the information provided on this form changes, your firm is responsible to notify Bettis and submit an updated Supplier Data Sheet - Representations (Form 75058) to Bettis (cognizant Contract Administrator).**