

SMALL BUSINESS BASIC INFORMATION SHEET

Please register in SAM.gov before completing this information sheet.

Vendor Legal Name:	_____		
DBA Name:	_____	Web address:	_____
Street Address:	_____	PO Box No.:	_____
City/State/Zip Code:	_____	Country:	_____
Telephone:	_____	Fax:	_____
Contact Person:	_____	E-mail:	_____
Federal Tax ID No.:	_____	DUNS	_____
		Number:	_____

Primary Business Category: _____

Brief description of what company does or the service provided (*only a few sentences needed, 50 words or less*):

Primary NAICS code claiming Small Business Status For: _____

Secondary NAICS Codes: _____

Check all of the following that apply:

Small Business (SB) *Note: All of the below categories are subsets of SB, and all that apply must be checked.*

Woman-Owned Small Business (WOSB)

Small Disadvantaged Business (SDB)

HUBZone (HZ) (ONLY check if SBA certified)

Veteran-Owned SB (VOSB)

Service-Disabled VOSB (SDVOSB); if checked, VOSB must be checked

Use this space to list any Quality Standards Earned (ISO, mil specs, etc.), past experience or specialties/capabilities:

