



SELF-CERTIFICATION FORM

Company Name _____
Contact Person _____ Title _____
Address _____
City _____ State _____ Zip _____
Phone Number _____ Email _____

Federal Tax ID: _____ Service Area(s): [] Local [] National [] International
Listed in CCR? [] Yes [] No If yes, enter CAGE Code (if available): _____

Size1: Please check ALL that apply in either the Small OR Large Business section and add NAICS code(s)

SMALL BUSINESS

- [] Small Business NAICS Code(s) - 6-digit (Required for any small business type)
[] Small Disadvantaged Business Primary: _____ Secondary: _____
[] Certified by SBA as a HUBZone Small Business (Note: This is NOT a State HUB)
[] Woman Owned Small Business
[] Veteran Owned Small Business
[] Service Disabled Veteran Owned Small Business
[] Minority Owned Small Business
[] Historically Black College, University or Minority Institution
[] Alaska Native Corporation (ANC) or Indian Tribe
[] Other Small Business: _____

LARGE BUSINESS

- [] Large Business (including non-profit)
[] Minority Owned Large Business
[] Woman Owned Large Business
[] Other Large Business: _____

1 You may wish to review the definitions for the above categories in the Federal Acquisition Regulation 19.7 or 52.219-8. If you have difficulty ascertaining your size status, please refer to SBA's website at www.sba.gov/size or contact your local SBA office.

Under 15 U.S.C. 645(d), any person who misrepresents its size status shall (1) be punished by 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.

Signature: _____ Date: _____
Name (Print): _____ Title: _____

Please email to Procurement@ltc-ltc.com (in PDF format) OR FAX to (316) 944-0927.