



SMALL BUSINESS INFORMATION FORM

E-mail completed forms to: Contracts@PDRI.com

Company Legal Name:		Primary Contact Name:	
Address:		Remit Address (if different):	
City, State, Zip:		City, State, Zip:	
Phone Number:		Phone Number:	
Fax Number:		Fax Number:	
E-mail Address		Website:	
If incorporated, in what state?		DUNS:	
		Tax Identification # (TIN):	

BUSINESS TYPE REPRESENTATION:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Franchise (please attach franchise agreement)	<input type="checkbox"/> Other (state type): _____
<input type="checkbox"/> LLC	<input type="checkbox"/> Foreign-Owned	<input type="checkbox"/> Owned or controlled by a parent company?
<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Branch (state HQ location): _____	<input type="checkbox"/> (If checked, indicate company name): _____

BUSINESS SIZE REPRESENTATION:

PRIMARY NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM CODES:

For look-up, see [North American Industry Classification System](#)

Registered at [System for Award Management \(SAM\)](#)

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

<input type="checkbox"/> 24 or fewer	<input type="checkbox"/> 251-500
<input type="checkbox"/> 25-50	<input type="checkbox"/> 501-750
<input type="checkbox"/> 51-100	<input type="checkbox"/> 751-1,000
<input type="checkbox"/> 101-250	<input type="checkbox"/> Over 1,000

Average Annual Gross Revenues for the last 3 fiscal years (includes parent company, other divisions, subsidiaries and affiliates); **check only one:**

<input type="checkbox"/> \$1,000,000 or less	<input type="checkbox"/> \$7,000,001-\$10,000,000
<input type="checkbox"/> \$1,000,001-\$2,000,000	<input type="checkbox"/> \$10,000,001-\$14,000,000
<input type="checkbox"/> \$2,000,001-\$5,000,000	<input type="checkbox"/> \$14,000,001-\$25,000,000
<input type="checkbox"/> \$5,000,001-\$7,000,000	<input type="checkbox"/> Over \$25,000,000

BUSINESS CLASSIFICATION REPRESENTATION: OWNERSHIP STATUS – (check ALL that apply):

<input type="checkbox"/> 8(a)	<input type="checkbox"/> Veteran-Owned Small Business	<input type="checkbox"/> Woman-Owned Small Business
<input type="checkbox"/> Small Disadvantaged Business	<input type="checkbox"/> Service-Disabled Veteran-Owned Small Business	<input type="checkbox"/> Historically Underutilized Business Zone (HUBZone)
<input type="checkbox"/> Small Business Enterprise		

Are you certified and/or listed in the SBA Small Business Search Database for any of the following classifications? Yes No

(For definitions go to: SBA article "[Determining Business Size](#)")

Is your firm at least 51% owned, controlled and operated by one or more of the following? Check ALL that apply to your business:

<input type="checkbox"/> African American	<input type="checkbox"/> Woman	<input type="checkbox"/> Native American (American Indian, Eskimo, Aleut, or Native Hawaiian)
<input type="checkbox"/> Asian-Pacific American	<input type="checkbox"/> Service-Disabled Veteran	<input type="checkbox"/> Other Ethnic Minority (please state): _____
<input type="checkbox"/> Hispanic-American	<input type="checkbox"/> Veteran	<input type="checkbox"/> Not Applicable

Is your firm certified as a Minority, Women's Veteran, or Service-Disabled Veteran Business Enterprise by any of the following?

Check all that apply to your business (please include a copy of your certificate along with this form):

<input type="checkbox"/> National Minority Supplier Development Council/NMSDC	<input type="checkbox"/> U.S. Department of Veterans Affairs – verification program
<input type="checkbox"/> Women's Business Enterprise National Council/WBENC	<input type="checkbox"/> Association for Service Disabled Veterans
<input type="checkbox"/> City/State Certification (list agency): _____	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Other diversity business councils (list): _____	

Comments: