

PF-30 **Supplier Information Form** (Rev. 1/9/2023) Please complete and sign this form. Print or type. * Indicates required field. ** BSRA requires suppliers to be registered in SAM. **General Information** *Company Name: A Subsidiary/Division of: *Street Address: *Country Name: (other than USA) _____ *Zip + 4: _____ - *___ *County Name: ____ *Contact Name: *Contact Phone: _____ Toll Free: _____ Fax: ____ Accepts Credit Card: *Email Address: Web Site Address: Part II **Business Specific Information** **System for Award Management (SAM) Registration: Yes No **SAM Expiration Date: _____ **Unique Entity Identifier (UEI): * Avg No. of *Federal Identification Number: *Incorporated: Yes No *Annual Revenue: Employees: __ Global Parent UEI: Global Parent Name: Part III **Business Qualifications (Select all that apply)** Service Disabled Veteran Veteran Owned Women-Owned Certified 8(a) Exit Date: State / Local Government Non-Profit Foreign-Owned Certified HUBZone **Economically Disadvantaged Education Institution** Federal Government Entrance Date: Women Owned Small Business Part IV *Ethnicity (Select one only) Native American Owned Black American Owned Hispanic American Owned Subcontinent Asian American Owned Asian-Pacific American Owned None Part V **Federally Recognized Native American Entity Types** Alaskan Native Owned Native Hawaiian Owned American Indian Owned *Company Classification (Do Not Include NAICS sector codes that begin with 42, 44, or 45 per SBA) Large Business NAICS: Please list all six-digit NAICS codes which you are classified as a Large Business. Small Business NAICS: Please list all six-digit NAICS codes which you are classified as a Small Business. Notice: Under 15 USC 645 (d), any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged, or women-owned small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to sections 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall--(1) Be punished by imposition of fine, imprisonment, or both; (2) Be subject to administrative remedies, including suspension and debarment; and (3) Be ineligible for participation in programs conducted under the authority of the Act.

I hereby certify that the information provided on this form is accurate and complete.

Authorized Signature:

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 .
Unique Entity Identifier (UEI)	The unique twelve-character identification provided by SAM 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 Parent UEI	Your global parent entity's UEI as defined in SAM, if applicable.
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_search/ubzone.cfm .
Women-Owned Small Business	Certification that your entity represents itself as a Woman-Owned Small Business or Joint 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.
Black American Owned	Certification that your entity represents itself as a Black American owned concern.
Subcontinent Asian-American Owned	Certification that your entity represents itself as a Subcontinent Asian (Asian-Indian) American Owned Business.
Hispanic American Owned	Certification that your entity represents itself as a Hispanic American Owned concern.
Asian-Pacific American Owned	Certification that your entity represents itself as an Asian-Pacific American Owned concern.
Native American Owned	Certification that your entity represents itself as a Native American Owned Business concern.
Alaskan-Native Owened	Alaskan Native Owned (ANC) Corporation - Federally Recognized Native American Entity
Native Hawaiian Owned	Native Hawaiian Owned (NHO) concern - Federally Recognized Native American Entity
American Indian Owned	American Indian Owned Business concern - Federally Recognized Native American Entity