

CH2M Hill - B&W West Valley, LLC

SUPPLIER DATA SHEET AND BUSINESS SIZE CERTIFICATION FORM

Please fill in the information requested below, sign the certification at the bottom of the form, and return to:

CH2M Hill - B&W West Valley, LLC
 10282 Rock Springs Road, MS AC-PROC
 West Valley, New York 14171-9799
 FAX: (716) 942-2031

Company Name:			Phone No.:		
Address:			Fax No.:		
City:		State:		Zip:	
e-mail:			Web Address:		
Registered in Central Contractor Registration? <input type="checkbox"/> Yes <input type="checkbox"/> No			DUNS Number:		
Principal Owner(s):			Sales Contact:		
Year Established:		Number of Employees:		Sales Volume:	
Major Product Line(s):					
Applicable North American Industrial Classification System (NAICS) Codes (Six digit):					
TYPE OF BUSINESS					
Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Non-Profit <input type="checkbox"/>	Joint Venture <input type="checkbox"/>	Corporation <input type="checkbox"/>	
SOCIOECONOMIC INFORMATION					
1. Is your Company a: <input type="checkbox"/> Large Business <input type="checkbox"/> Small Business <input type="checkbox"/> Large Disadvantaged Business <input type="checkbox"/> Woman Owned Large Business <input type="checkbox"/> Woman Owned Small Business <input type="checkbox"/> Small Disadvantaged Business <input type="checkbox"/> Small Disadvantaged Woman Owned <input type="checkbox"/> Other : _____			2. Check the one that applies to your company: <input type="checkbox"/> Subcontinent Asian American <input type="checkbox"/> Affiliate Ownership <input type="checkbox"/> Black American <input type="checkbox"/> Educational/University <input type="checkbox"/> Non-Profit <input type="checkbox"/> Foreign Ownership <input type="checkbox"/> Hispanic American <input type="checkbox"/> None of the above _____ <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Federal Government <input type="checkbox"/> State/Local Government		
3. Is your company a Veteran-Owned Small Business? Yes _____ No _____			4. Is your company a Service-Disabled Veteran Owned Small Business? Yes _____ No _____		
*5. Is your company certified as a Small Disadvantaged Business by the SBA? Yes _____ No _____			*6. Is your company certified as an 8(a) Certified Small Business by the SBA? Yes _____ No _____		
*7. Is your company certified as a HUBZone Small Business by the SBA? Yes _____ No _____			8. Is your business located in Upstate New York? Yes _____ No _____		
* Attach print out of your US Small Business Administration (SBA) profile or register (Dynamic Small Business Search) at : http://dsbs.sba.gov/dsbs/dsp_dsbs.cfm					
By signing below, the applicant certifies that the information and representations provided on this form are accurate, current, and complete and that neither the applicant nor any person (or concern) in any connection with the applicant or officer, so far as known, is now debarred or otherwise declared ineligible by any agency of the Federal Government from making offers for furnishing materials, supplies, or services to the Government or any agency thereof.					
In addition, Section 16(d) of the Small Business Act (15 USC 645(d)), makes it a criminal offense to misrepresent in writing the status of any concern as a "small business concern." Violations of section 16(d) are punishable by a fine, imprisonment, or both, and can result in certain administrative remedies, including suspension and debarment.					
Name and Title of person authorized to sign:		Signature:		Date:	
Questions regarding this form may be forwarded to Lynn K. Hollfelder at (716) 942-4789.					