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| OFFEROR TO COMPLETE THE FOLLOWING: | | | |
| Offeror Name: | |  | |
| Solicitation/Prime Contract No: | |  | |
| NAICS code applicable to the work: | |  | |
| COMPLETE THE FOLLOWING AND SIGN AND DATE THIS CERTIFICATE | | | |
| Offeror represents the following size and socioeconomic status, based on the NAICS code above, is current, accurate and complete as of the date of the offer for this subcontract: | | | |
| Large Business | | | |
| Small Business (check all that apply) | | | |
| Small Disadvantaged Business | | | |
| HUBZone Small Business (must be certified by the SBA) | | | |
| Woman-owned Small Business | | | |
| Veteran-owned Small Business | | | |
| Service-Disabled Veteran-owned Small Business | | | |
| Historically Black College, University or Minority Institution | | | |
| Alaskan Native Corporation (ANC) or Indian Tribe | | | |
| Other Small Business: | | | |
| The above information  is  is not reflected in Offeror’s System for Award Management (SAM) representations. | | | |
| THE UNDERSIGNED ACKNOWLEDGES THE CRIMINAL AND ADMINISTRATIVE PENALTIES FOR MISREPRESENTING A FIRM’S STATUS AS A BUSINESS CONCERN AND CERTIFIES TO THE ACCURACY OF THE FOREGOING. | | | |
|  |  | |  |
| Signature | Printed Name and Title | | Date |