



Communications

BUSINESS CLASSIFICATION QUESTIONNAIRE

VENDOR CODE # _____

SUPPLIER LEGAL NAME AND ADDRESS
P.O. MAILING ADDRESS

BILLING ADDRESS
(COMPLETE ONLY IF DIFFERENT FROM
PURCHASE ORDER ADDRESS)

COMPANY NAME

ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE

COMPANY NAME

ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE

SUPPLIER INFORMATION

NAICS CODE _____

BUSINESS CLASSIFICATION (CIRCLE ONE)

S = SMALL BUSINESS L = LARGE BUSINESS D = SMALL DISADVANTAGED (SDB) F = FOREIGN

SMALL BUSINESS CLASSIFICATION (CIRCLE ONE)

X = NO OTHER CODE APPLIES B = VETERAN (VOSB) C = SERVICE DISABLED VETERAN
N = NATIVE AMERICAN W = WOMAN OWNED Z = HUBZONE
H = HISTORICAL BLACK COLLEGES, UNIVERSITIES, AND MINORITY INSTITUTIONS

E-MAIL ADDRESS: _____

NOTIFICATION: THE SUPPLIER AGREES TO NOTIFY L-3/NARDA SATELLITE NETWORKS OF ANY CHANGE IN ITS STATUS AS A SMALL OR SMALL DISADVANTAGED BUSINESS CONCERN OCCURRING BETWEEN THE SUBMISSION OF THIS CERTIFICATION AND AWARD OF ANY PURCHASE ORDER(S).

PENALTY: THE SUPPLIER REPRESENTS AND CERTIFIES THAT THE ABOVE INFORMATION IS TRUE AND WHOEVER MISREPRESENTS THIS CERTIFICATION FOR THE PURPOSE OF SECURING A CONTRACT OR SUBCONTRACT SHALL (I.) BE PUNISHED BY IMPOSITION OF A FINE (II.) SUBJECT TO SUPERVISION AND DISBARMENT AND (III.) BE INELIGIBLE FOR PARTICIPATION CONDUCTED UNDER THE AUTHORITY OF THE SMALL BUSINESS ACT.

AUTHORIZED SIGNATURE (PRESIDENT OR CEO) _____
PHONE NUMBER _____
DATE

PRINT NAME _____
TITLE _____
FAX NUMBER

PLEASE EMAIL FORM TO BUYER THAT REQUESTED IT OR FAX FORM TO (631) 231-1216 – TO THE ATTENTION OF: PURCHASING SMALL BUSINESS LIAISON OFFICER