



Determination of Business Classification

Doc #: PUF-74-003

Rev: Draft

SUPPLIER NAME: _____ **CONTACT PERSON:** _____

Valued Supplier or Subcontractor:

In compliance with FAR 19.202-5 "Data Collection and Reporting Requirements" Insitu, Inc. requests you classify yourself by marking the following accordingly. Failure to complete and return this form will cause Insitu to automatically classify you; filling out this form can be of benefit to you.

Questions about classification, please refer to: (copy/paste to browser)

<http://www.sba.gov/services/contractingopportunities/sizestandardtopics/indexguide/index.html>

You MUST be only one of the following options:

Foreign Owned Business: Country of Ownership: _____
 Large Business Concern:
 Small Business Concern:
 Non-Profit Organization

Minority Owned Business Concern

- African American** – Person having origins in any of the Black Racial Groups of Africa.
- Asian American** – Person whose origins are from Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or The United States Trust Territories of the Pacific including Northern Marianas
- Asian-Indian American** - Persons whose origins are from India, Pakistan, or Bangladesh.
- Hispanic American** – Person of Mexican, Puerto Rican, Cuban, or Central or South American culture or origin. Regardless of race.
- Native American** – An American Indian, Eskimo, Aleut, or Native Hawaiian.

- If you marked "Large Business Concern" or "Foreign Owned" please sign and return.
- If you marked "Small Business Concern," please continue below.

Small Businesses please fill out the table below if any of the options apply to you:

Small Business Classification	Check All That Apply	SBA Certification
Small Disadvantaged Business	<input type="checkbox"/>	Cert. #
Women Owned Business	<input type="checkbox"/>	
Veteran Owned Business	<input type="checkbox"/>	
Service Disabled Veteran Owned Business	<input type="checkbox"/>	
Historically Underutilized Business Zone	<input type="checkbox"/>	Cert. #
Historically Black College University/Minority Inst.	<input type="checkbox"/>	
Ability One <input type="checkbox"/> NIB <input type="checkbox"/> NISH <input type="checkbox"/>		

Signature (REQUIRED): _____

Date: _____

Please return the completed form to either: E-mail: purchasing@insitu.com or Fax: (509)493-2738

Thank You — Insitu Procurement Team.