



435 Moreland Road,
Hauppauge, NY 11788
Tel. 631-231-1700

Attachment R
Rev. 2

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

COMPANY NAME

ADDRESS

ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

TELEPHONE

TELEPHONE

SUPPLIER INFORMATION

NAICS CODE _____

BUSINESS CLASSIFICATION (CIRCLE ONE)

S = SMALL BUSINESS L = LARGE BUSINESS D = SMALL DISADVANTAGED (SOB) F =

FOREIGN SMALL BUSINESS CLASSIFICATION (CIRCLE ONE)

X = NO OTHER CODE

B = VETERAN

C = SERVICE DISABLED VETERAN

APPLIES N = NATIVE

(VOSB) W =

Z = HUBZONE

AMERICAN

WOMAN OWNED

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