



Supplier Pre-Business Certification

Completed By: _____

Title: _____

Phone Number: _____

FAX Number: _____

E-mail Address: _____

Instructions:

1. Complete all sections of the following certification that apply to your company.
2. Mark sections that do not apply to your company as “Not Applicable” or N/A.
3. Information that is deemed confidential or proprietary to your company should not be provided on this form unless your company wishes to submit confidential information and is willing to sign a SGI non-disclosure agreement (NDA). Your SGI representative can provide this document and work with your company to put an “NDA” in place.
4. Completion of this form is not a guarantee that SGI will approve your company as a supplier or contractor for SGI and is intended to provide reviewing SGI personnel basic information for further consideration of your company as a supplier for SGI.
5. If you have any questions please contact your SGI representative conducting this certification.



Supplier Pre-Business Certification

Date Completed: _____ Completed By: _____

NOTE: SGI appreciates your timely and complete response to our "Supplier Certification Request." As a commercial sub-contractor, SGI is required by federal law to verify the business categories of all of its suppliers.

1.0 General Business Information: (Must Be Completed by All Applicants)

1.1 Company/Supplier Name: _____
Address: _____
PO Box: _____
City, State, Zip: _____
Phone Number: _____ FAX Number: _____
Federal Tax ID or Social Security Number (if applicable): _____

1.1.1 Is this your company's corporate address? Y / N

NOTE: If your company is a division or subsidiary of a larger corporation, please complete a separate certification form designating the name of the parent company. For the parent company, you should only complete the "General Business" section of the certification for submission.

1.2 Are there other locations for this company other than the address above? Y/N
If so, please list on a separate form and submit to your SGI contact.

1.3 Type of Business: (Doing Business As a?) _____

- (1) Corporation _____
- (2) *Partnership _____
- (3) *Sole Proprietorship _____
- (4) Other _____

Note: * Requires Principal Officers' Social Security Numbers

1.4 Is your company foreign owned? _____
If so, which country? _____

1.5 Is your company affiliated with a "Union" or is it "Non-Union?" _____

1.5.1 If company is "Union," please provide affiliation and date that the contract expires: _____

1.6 Total number of employees within this business: _____



1.7 Names of Company Officers and Titles:

President/CEO: _____

Chief Financial Officer: _____

Sr. VP of Sales/Marketing: _____

Chief Operating Officer: _____

1.8 Key Contacts at your Company:

Sales Representative: _____

Phone No.: _____

E-mail Address: _____

FAX No.: _____

1.9 Please indicate which of the following best describes this business:

Manufacturer/OEM _____ Reseller _____

Contract Manufacturer _____ Manufacturer's Rep _____

Wholesale Distributor _____ Other _____

Contractor _____

Description of Product or Services Provided: _____

2.0 Diversity: (Supplier Certification Request)

2.1 Is your company considered a "Small" business? Yes ____ No ____

2.2 Is your company a minority owned business? Yes ____ No ____

If yes:

2.2.1 African American? _____

2.2.2 Hispanic American? _____

2.2.3 Asian Pacific American? _____

2.2.4 Native American? _____

(Persons having origins in any of the original peoples of North America of the Hawaiian Island; in particular, American Indians, Eskimos, Aleuts, and Native Hawaiian)

2.2.5 Subcontinent Asian American? _____

(Origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan or Nepal)

2.3 Is your company "Women" owned (defined as 51% owned, operated, and controlled ownership)? _____

2.4 Is your company owned by a U.S. Veteran? _____

2.5 Is your company owned by a U.S. service disabled Veteran? _____

2.6 Is your company certified by the SBA as a Small Disadvantaged Business (SDB)? _____



2.7 Is your company located in a "HUBZone"?** _____

2.8 What is your company's "North American Industry Classification System" (NAICs) code? (Required) _____

(NOTE: Reference NAIC's website <http://www.census.gov/epcd/www/naics.html> to find your number.)

NOTE: Signing below is acknowledgement that you are a company official and that all information is correct. Under the Federal Code of Regulations 15 U.S.C. 645(d), and any person who misrepresents a firm's status as a Small Business Concern in order to obtain a contract to be awarded under the preference programs established pursuant to sections 8(a), 8(b), 9 or 15 of the Small Business Act or any other provisions of Federal Law that specifically references Section 8(b) for a definition of Program eligibility shall: 1) be punished by imposition of a Fine, Imprisonment or Both; 2) be subject to the Administrative Remedies, including Suspension and Debatement; and 3) be ineligible for participation in programs under the authority of the Act.

Signature: _____

Title: _____

Print Name: _____

Date: _____

***Small Business Definition:** Small Business is independently owned and does not have a major impact on a national basis on other companies doing the same kind of business. For further reference, see 13 CFR part 121, FAR part 19, or call your local U.S. Small Business Office, or visit website <<http://www.sba.gov>

****HUBZone Definition:** A HUBZone company is a small business located in a "historically under utilized business zone," is operated and controlled by U.S. citizens, and 35% of its employees reside in the HUBZone and is certified by the Small Business Administration.

3.0 Financial Information:

3.1 Is this a publicly, or privately held business? _____

3.2 Is your company listed with the Securities Exchange Commission? _____

3.3 Is your company's stock traded on one of the following markets?

3.3.1 New York Stock Exchange? _____

3.3.2 NASDAQ? _____

3.3.3 American Stock Exchange? _____

3.3.4 Any Foreign Stock Exchange? _____

3.4 What is your assigned Dun & Bradstreet number? _____

3.5 Are you licensed to collect California and Wisconsin State sales tax? _____