

OSR 46-9
(Rev 2011-05-25)

Savannah River Remediation LLC Supplier Information Form

For SRR Use Only
TIN: _____

Please complete and sign this form. Print or type. *Indicates a required field.

Part I General Information

*Company Name: _____

A Subsidiary/Division of: _____

*Street Address: _____

*Country Name: _____
(other than USA) *City _____

*State: _____ *Zip: _____ *Country Name: _____

*Contact Name: _____

*Contact Phone: _____ Toll Free: _____ *Fax: _____

*Email Address: _____

Web Site Address: _____

Part II Business Specific Information

*DUNS Number: _____ *Federal Identification Number: _____ *Incorporated: Yes No

Part III Socio-Economic Information

Is your business (please select all that apply)

Minority Business: Woman-Owned: Educational Institution: Certified 8(a): exit date: _____

Service Disabled Veteran: Foreign-Owned: Non-Profit: Certified HUBZone: entrance date: _____

State/Local Government: Veteran-Owned: HCBU: SDB: Federal Government:

Part IV Company Classification

Please provide the primary NAICS codes for your company (a maximum of 20)

Large Business NAICS: Please list all six-digit NAICS codes which you are classified as a Large Business.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Small Business NAICS: Please list all six-digit NAICS codes which you are classified as a Small Business.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Notice: Under 15 USC 645 (d), any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged, or women-owned small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to sections 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall — (1) Be punished by imposition of fine, imprisonment, or both; (2) Be subject to administrative remedies, including suspension and debarment; and (3) Be ineligible for participation in programs conducted under the authority of the Act.

I hereby certify that the information provided on this form is accurate and complete.

Authorized Signature: _____ Date: _____