

VENDOR CERTIFICATION FORM

In accordance with Government regulations and prime contract requirements, SNC must verify certain information about our suppliers. Failure to fully complete and return this form to SNC could result in the loss of contracts issued to your organization. Submission of this form does not constitute approval of your firm as a supplier, nor obligate SNC to solicit requests for quotation. The data on this form will be used to evaluate the potential of your firm as a new or continued SNC supplier.

Notice: Under 15 U.S.C. 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 section 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 (i) Be punished by imposition of fine, imprisonment, or both; (ii) Be subject to administrative remedies, including suspension and debarment; and (iii) Be ineligible for participation in programs conducted under the authority of the Act.

Please complete the following profile in order to be placed in or remain in Sierra Nevada Corporation's database of potential suppliers. The definitions required to complete this form are found in the Federal Acquisition Regulation. Please refer to Federal Acquisition Regulation Part 19, and 25 for a definitive treatment of the definition. The definition of Service Disabled Veteran can be found in Public Law 106.50.

***If Possible, Please Attach Bank Letter with Instructions for Additional Confirmation**

***Beneficiary Physical Address MUST NOT Contain P.O. Box (For Wire Transfers)**

Complete the Following Section with Current Ordering Information					
Company Name:					
DBA :					
Physical Address Line 1:					
Physical Address Line 2:					
City:		State:		Zip Code:	
Phone (main):		Fax (main):			
Contact Person:					
Contact Phone:		Contact Fax:			
Contact Cell:		Contact E-mail:			
Company Cage Code:					
Dun and Bradstreet:					

North American Industry Classification System (NAICS):

You must enter both the NAICS code and US NAICS Title. NAICS lookup tool can be found at <http://www.naics.com/search.htm>.

The Following Section <u>MUST BE Complete & Correct</u> for all payments. Additionally a W-9 for Domestic Vendors and a W-8 for Foreign Vendors must be included with this Certification.					
Remit to Company Name:					
Remit to Address:					
City:		State:		Zip Code:	
Payment Terms:		FOB:	Destination Prepay and Add		
Accounting Contact Name:					
Accounting Contact Phone:					
Accounting Contact Email:					
Payment Method (Mark Appropriate Method for ALL Future Payments to Avoid Delay):					
ACH (U.S. ONLY) <input type="checkbox"/>			Wire Transfer (U.S. OR Foreign) <input type="checkbox"/>		

ACH Payments – Domestic (U.S.) Businesses ONLY

Complete this section for <u>ACH Payment Method ONLY</u>					
Tax ID No.					
Bank Name					
Account Type	Checking		Savings		
ABA/Routing Number					
Bank Account Number					

Wire Transfers – Receiving Bank : (Check One) (U.S.) Foreign/International

Complete this section for <u>Wire Transfer ONLY</u>					
Vendor Bank Account Name					
Bank Name					
Bank Address					
Bank City		Country		Zip Code	
Destination Bank – IF Foreign: <u>IBAN Preferred</u>; If NO IBAN, Provide SWIFT CODE					
IBAN OR SWIFT CODE (<i>Foreign ONLY</i>)					
ABA/Routing Number (<i>U.S. ONLY</i>)					
Bank Account Number					
Intermediary/Correspondent Bank – (<i>IF Necessary</i>)					
SWIFT CODE (<i>Foreign</i>)					
ABA/Routing Number (<i>U.S.</i>)					

Bank Account Number	
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Business Size Certification (check all applicable):

- Foreign Owned (Any Country other than the United States. If applicable do not check any other boxes)
- Large Business Concern
- Small Business Concern
- SBA-Certified Small Disadvantaged Business Concern (Dates mandatory if selected)

- SDB Entrance Date : _____ SDB Exit Date : _____
- SBA-Certified 8(a) Program (Dates mandatory if selected)

- 8(a) Entrance Date : _____ 8(a) Exit Date : _____
- Self-Certified Small Disadvantaged Business Concern
- Woman-Owned Small Business Concern
- Economically Disadvantaged Woman-Owned Small Business Concern
- SBA-Certified HUBZone Small Business Concern (Date mandatory if selected)
- HUBZone Entrance Date: _____
- Veteran-Owned Small Business Concern
- Service-Disabled Veteran-Owned Small Business Concern
- Native American Owned
- Indian Tribe Owned
- Historically Black College or University
- Minority Institution (An institution of higher education whose enrollment of a single minority or a combination of minorities exceeds 50 percent of the total enrollment. Do not check this box if you are an individual)

Sierra Nevada Corporation (SNC) strictly adheres to corporate guidelines for our procurement process. Only those with designated purchasing authority can make commitments to our suppliers. This is limited to those only within the procurement and subcontracts organization and is accomplished through a purchase order, subcontract or authorization to proceed. Work performed without proper authorization is at risk and SNC is not liable for payment.

The under named certifies that the above named company maintains a business classification as indicated above and that such classification is in accordance with all regulatory requirements related thereto. Further, it is understood and agreed that misrepresentation of the business classification is subject to penalties as prescribed in FAR 52.219-1.

Document must contain a legal signature (Digital, Electronic or Wet) in order for it to be processed.

Printed Name: _____ Title: _____

Date: _____ Signature: _____



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