



Vendor Self-Certification Form

For Help With This Form Contact:

Cornell's Supplier Diversity Manager at 713-235-9357

Once the Form has Been Completed, Please Fax to 713-335-9177

1. Company Name and dba as it appears on W-9 (REQUIRED): _____

2. DUNS Number (OPTIONAL): _____

If vendor has DUNS number (Data Universal Numbering System from Dunn & Bradstreet), please provide.

3. Primary NAICS Code (REQUIRED): _____

If you do not know what your NAICS code is, log on to <http://www.census.gov/epcd/naics02/naicod02.htm>.

Required pursuant to Federal Acquisition Regulation (FAR) 52.219-9(j) (2).

4. Business Size (REQUIRED – Select at Least One From Below): Vendor represents, pursuant to government law or regulation that it is (Definitions available in FAR 19.7 or 52.219-8 at www.arnet.gov/far or at the Small Business Administration (SBA)) (http://www.sba.gov/idc/groups/public/documents/sba_homepage/serv_sstd_tablepdf.pdf):

- (01) Small Business (SB)
- (02) Certified by the SBA as a Small Disadvantaged Business (SDB) - **attach valid SBA Certificate**
- (03) Woman-owned Small Business (WOSB)
- (04) Certified by the SBA as a HUBZone Small Business (HUB) - **attach valid SBA Certificate**
- (05) Veteran-owned Small Business (VET)
- (06) Service Disabled Veteran-owned Small Business (SDVET)
- (07) Indian Tribe (IN)
- (08) Alaskan Native Corporation (ANC)
- (09) Large Business (LB)

5. Notification: Under 15 U.S.C. 645 (d), any person who misrepresents its firm's size status shall (1) be punished by a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.

6. Vendor's Execution (REQUIRED): By signing the document, the vendor acknowledges all the details provided on the form are accurate, true, and that the vendor has read and understands the information.

Vendor Address: _____

City, State, Zip: _____

Phone Number: _____ Fax number: _____

Name of company officer or designated representative: _____

Title: _____

Signature: _____ Date: _____

7. Email Address (OPTIONAL): _____

FOR CORNELL PURCHASING USE: Lawson Codes: SB-01 / SDB-02 / WOSB-03 / HUB-04 / VET-05 / SDVET-06 / IN-07 / ANC-08 / LB-09		
Reviewed by:	Lawson Code:	Vendor Number: