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| SUPPLIER PROFILE FORM | | | | | | | | | | | | | | | | | | | | | | | | | |
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| the aerospace corporation is required by government regulation and public law 95-507 to verify the composition of our supplier base. please complete the following: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **business concern information** | | | | | | | | | | | | | | | | | | | | | |  |  | | |
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| legal name and address: | | | |  | | | | | | | | | | | | | | | | | |  |  | | |
| point of contact: | | | |  | | | | | | | |  | | e-mail | | |  | | | | | | | | |
| telephone no.: | | | |  | | | | | | | |  | | website: | | |  | | | | | | | | |
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| federal tax id no.: | | | |  | | | | | | | |  | | duns no.: | | |  | | | | | | | | |
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| north american industrial classification system (naics) code. enter the 6-digit naics code for the primary activities of your firm. go to the bureau of census website at <http://www.census.gov/eos/www/naics> for assistance. | | | | | | | | | | | | | | | | | | | | | | | | | |
| primary: | |  | | | |  | | | additional: | | | | | |  | | | |  | | additional: | | |  | |
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| **business size and ownership classification (check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| note 1: | Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a business concern that is small, HUBZone small, small disadvantaged, service-disabled veteran-owned small, economically disadvantaged women-owned small, or women-owned small eligible under the WOSB Program in order to obtain a contract to be awarded under the preference programs established pursuant to section 8, 9, 15, 31, and 36 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. | | | | | | | | | | | | | | | | | | | | | | | | |
| note 2: | numerical references below match those on the accompanying definitions page for your assistance | | | | | | | | | | | | | | | | | | | | | | | | |
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| large business | | | | | | | | small business (sb) – if yes, are you also ?🡇 | | | | | | | | | | | | | | | | | |
| foreign business | | | | | | | | small disadvantaged (sdb) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | women-owned (wosb) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | historically black college or university (hbcu) – attach certification | | | | | | | | | | | | | | | | | |
|  | | | | | | | | minority institution of higher education (mi) – attach certification | | | | | | | | | | | | | | | | | |
|  | | | | | | | | hubzone (hubzone) – attach sba certification | | | | | | | | | | | | | | | | | |
|  | | | | | | | | veteran-owned (vosb) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | service-disabled veteran-owned (sdvosb) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | alaska native corporations (ancs) and indian tribes not certified as sdbs | | | | | | | | | | | | | | | | | |
|  | | | | | | | | alaska native corporations (ancs) and indian tribes that are not sbs | | | | | | | | | | | | | | | | | |
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| **commodities or services provided (list core competencies) – text will wrap; 400 character and space limit.** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| by submitting this form i hereby certify the above representations are accurate to the best of my knowledge. | | | | | | | | | | | | | | | | | | | | | | | | | |
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| corp. officer: | | |  | | | | | | | | | | | | | | | | | | |  |  | | | |
|  | | | signature or  electronic submittal (via e-mail or fax) | | | | | | | | | | | | | | | | | | |  | date submitted | | | |
| name: | | |  | | | | | | | | | | | | | | | | | | |  |  | | | |
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| **Small Business Office:** P.O. Box 91337, Los Angeles, CA 90009-1337 / Phone: 310.336.1918 | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Corporate Website:** <http://www.aerospace.org> | | | | | | | | | | | | | | | | | | | | | | | | | |