



United States Business Registration

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Dunedin, FL 34698

Phone 888-646-9998

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Small Business Certification Worksheet

Return to: filings@usbrgov.us or fax to 1-888-255-4963

Please consider all fields MANDATORY

Company Name: _____
Physical Address: _____
City: _____ State: _____ Zip Code + 4: _____
Mailing Address (if different): _____
Phone: _____ Fax: _____
Company's Website: _____
Point of Contact: _____ Title: _____
Email Address: _____
DUNS#: _____ Cage Code: _____
SAM User Id: _____ SAM Password: _____ (Must be updated every 6 months)

Is your organization classified as a small business entity by federal standards?

☐ Yes ☐ No ☐ Not Sure

Does your organization qualify for any Small Business Set-Asides?

- | | |
|--|---|
| <input type="radio"/> Minority Owned | <input type="radio"/> 8(a) |
| <input type="radio"/> Woman Owned | <input type="radio"/> HUBZone |
| <input type="radio"/> Veteran Owned | <input type="radio"/> GSA Schedule Contract |
| <input type="radio"/> Service Disabled Veteran Owned | |

Explain what sets your company apart from your competitors. Please provide 5 to 6 sentences explaining your organization's core competencies and differentiators.

What type of work/services/products does your company provide or perform? NAICS Codes and PSC/FSC Codes can also be entered here. Provide as much information or as many NAICS/PSC/FSC Codes as possible. (attach sheet if needed)

Non Federal Government Certifications: Include state certifications or industry-related competence certifications (ie..State Certified Native American, MS Certified Systems Engineer, ColdFusion Certified Developer, Cisco Certified Internetwork Expert, RN, CPA, Licensed General Contractor, Electrician, HVAC).

Name:

Title:

Certifications:

Name:

Title:

Certifications:

Name:

Title:

Certifications:

Name:

Title:

Certifications:

Name:

Title:

Certifications:

Name:

Title:

Certifications:

How would you like to list your organization’s geographic service areas?

- ☐ Locally
- ☐ Statewide
- ☐ Regionally
- ☐ Nationally
- ☐ Internationally

Locally – List Cities/Counties, Regional – List States, International – List Countries:

FEMA – Disaster Relief Assistance: Special Equipment, materials, skills and geographic area:

Construction Bonding Level – Aggregate:

Construction Bonding Level – Per Contract:

Service Bonding Level – Aggregate:

Service Bonding Level – Per Contract:

Percentage(s) of Business Type

_____ % Construction
_____ % Manufacturing
_____ % Research & Development
_____ % Service
_____ % Total (must be 100%)

Quality Assurance Standards

_____ ANSI/ASQC Z1.4
_____ ISO-9000 Series
_____ ISO 10012-1
_____ MIL-Q-9858
_____ MIL-STD-45662A

Government Entity Past Performance

Has your organization held contracts with any local, state or federal government entities/departments?

Government Entity: _____ Project Name: _____
Start Date: _____ End Date: _____ Value: \$ _____
Contact Name: _____ Contact Phone: _____
Government Entity: _____ Project Name: _____
Start Date: _____ End Date: _____ Value: \$ _____
Contact Name: _____ Contact Phone: _____
Government Entity: _____ Project Name: _____
Start Date: _____ End Date: _____ Value: \$ _____
Contact Name: _____ Contact Phone: _____
Government Entity: _____ Project Name: _____
Start Date: _____ End Date: _____ Value: \$ _____
Contact Name: _____ Contact Phone: _____
Government Entity: _____ Project Name: _____
Start Date: _____ End Date: _____ Value: \$ _____
Contact Name: _____ Contact Phone: _____
Government Entity: _____ Project Name: _____
Start Date: _____ End Date: _____ Value: \$ _____
Contact Name: _____ Contact Phone: _____

Past Performance Point of Contact

Primary POC Name: _____ Email: _____
Address: _____ City: _____
State: _____ Zip Code+4: _____ Country: _____
U.S. Phone: _____ Ext: _____ Fax: _____
Non-U.S. Phone: _____ Non-U.S. Fax: _____
Alternate POC Name: _____ Email: _____
Address: _____ City: _____
State: _____ Zip Code+4: _____ Country: _____
U.S. Phone: _____ Ext: _____ Fax: _____
Non-U.S. Phone: _____ Non-U.S. Fax: _____

Corporate Point of Contact

Primary POC Name: _____ Email: _____
Address: _____ City: _____
State: _____ Zip Code+4: _____ Country: _____
U.S. Phone: _____ Ext: _____ Fax: _____
Non-U.S. Phone: _____ Non-U.S. Fax: _____
Alternate POC Name: _____ Email: _____
Address: _____ City: _____
State: _____ Zip Code+4: _____ Country: _____
U.S. Phone: _____ Ext: _____ Fax: _____
Non-U.S. Phone: _____ Non-U.S. Fax: _____

What keywords would you use in a search engine to locate your organization's products or services? Please list a maximum of 20 key words.

Export Profile

If you have not opted out of public searches, the following information will allow your firm to be found in searches of Trade Mission Online. TM Online is a variation of the DSBS; they use the same database and profile information. The TM Online search is specially designed to find U.S. firms that export to other countries. If you are currently exporting or interested in exporting, entering this information may help you expand your export business.

Exporter?

Yes
No
Want To Be

Desired Business Relationships:

Direct export sales
Distributor/Importer
Representative/Agent/Broker
Overseas retailers
Licensing
Franchising
Contract Manufacturing
Joint venture/Co-venture
Wholly owned subsidiaries/branches
Alliances
Investment
Other: _____

Business Activities:

Manufacturer
Distributor/Agent
Broker (Intermediary)
Service(s)
Consultant
Financing
Other: _____

Export Objective: _____

Countries your firm would like to Export to:

Albania	Comoros	Iceland	Montenegro	Sri Lanka
Algeria	Congo (Brazzaville)	India	Montserrat	St. Kitts & Nevis
Anguilla	Cook Islands	Indonesia	Morocco	St. Lucia
Antigua & Barbuda	Costa Rica	Ireland	Mozambique	St. Vincent, Grenadines
Argentina	Cote d'Ivoire	Israel	Namibia	Suriname
Armenia	Croatia	Italy	Nauru	Swaziland
Aruba	Cyprus	Jamaica	Nepal	Sweden
Australia	Czech Republic	Japan	Netherlands	Switzerland
Azerbaijan	Denmark	Jordan	Netherlands Antilles	Taiwan
Bahamas	Djibouti	Kazakhstan	New Zealand	Tajikistan
Bahrain	Dominica	Kenya	Nicaragua	Tanzania
Bangladesh	Dominican Republic	Kiribati	Niger	Thailand
Barbados	Ecuador	Korea, Republic of	Nigeria	Togo
Belarus	Egypt	Kuwait	Norway	Tonga
Belgium	El Salvador	Kyrgyzstan	Oman	Trinidad & Tobago
Belize	Equatorial Guinea	Laos	Pakistan	Trust Terr (Palau)
Benin	Eritrea	Latvia	Panama	Tunisia
Bermuda	Estonia	Lebanon	Papua New Guinea	Turkey
Bhutan	Ethiopia	Lesotho	Paraguay	Turkmenistan
Bolivia	Fed. St. of Micronesia	Liberia	Peru	Uganda
Bosnia, Herzegovina	Fiji	Liechtenstein	Philippines	Ukraine
Botswana	Finland	Lithuania	Poland	United Emirates
Brazil	France	Luxembourg	Portugal	United Kingdom
British Virgin Islands	Gabon	Macau	Qatar	Uruguay
Brunei	Gambia	Macedonia	Romania	Uzbekistan
Bulgaria	Georgia	Madagascar	Russia	Vanuatu
Burkina Faso	Germany	Malawi	Rwanda	Vatican City
Burundi	Ghana	Malaysia	Sao Tome, Principe	Venezuela
Cambodia	Greece	Maldives	Saudi Arabia	Vietnam
Cameroon	Grenada	Mali	Senegal	Western Samoa
Canada	Guatemala	Malta	Seychelles	Yemen
Cape Verde	Guinea	Marshall Islands	Singapore	Zambia
Cayman Islands	Guinea-Bissau	Mauritania	Slovakia	Zimbabwe
Central African Republic	Guyana	Mauritius	Slovenia	
Chad	Haiti	Mexico	Solomon Islands	
Chile	Honduras	Moldova	Somalia	
China	Hong Kong	Monaco	South Africa	
Colombia	Hungary	Mongolia	Spain	

****If you would like your Organization's logo included on your "Personal Capabilities Statement", please attach the logo or picture and forward to filings@usbrigov.us as a JPEG file and include your DUNS # in the email. Then place "Logo & DUNS #" in the subject line. Personal Capabilities Statement is an additional fee.**

As an officer, director, owner, legal representative or authorized representative of the organization stated on page 1 of this document, I attest that all information provided is true and correct to the best of my knowledge.

PRINT NAME: _____ SIGN NAME: _____ DATE: _____