



United States Business Registration

1110 Overcash Drive Suite D

Dunedin, FL 34698

Phone 888-646-9998

Fax 888-255-4963

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?

- Minority Owned
- Woman Owned
- Veteran Owned
- Service Disabled Veteran Owned
- 8(a)
- HUBZone
- GSA Schedule Contract

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: _____

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@usbr.gov 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: _____