



Marine & Industrial Contractors

BUSINESS CLASSIFICATION CERTIFICATION

Company Name: _____

Company Contact/Title: _____

Contact Phone: _____

Contact Fax: _____

Contact E-mail: _____

Sales (Physical) Address: _____

Sales Contact: _____

Sales E-Mail: _____

Sales Phone: _____

Sales Fax: _____

Business Classification:

LARGE _____

SMALL _____

NON-PROFIT _____

If Small Business please clarify:

Woman Owned Yes _____ No _____

Veteran Owned Yes _____ No _____

Service Disabled Veteran Owned Yes _____ No _____

Hubzone Yes _____ No _____

Disadvantaged Minority Owned Yes _____ No _____

Other _____

New Information Request for Subcontractors:

Unique Identifier (DUNS Number) for subcontractor receiving award: _____

Applicable North American Industry Classification Systems (NAICS) code: _____

Cage Code: _____

UEI Number (Unique Entity Number): _____

I certify the above information to be correct:

Name: _____ Date: _____

Title: _____

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