

CEC / DUNS Number + Four **Please Fax survey to Office of Contracts and Grants Management at (202) 707-8611 or other Library office at:**

SSN / TIN (Required) Corporations or partnerships, use Federal Taxpayer Identification Number (TIN)
 Independent contractors or sole proprietors, use Social Security Number (SSN)
 Foreign firms without TIN, do not enter number.

Vendor Type 1. Employee 2. Federal 3. Nonfederal

Type of Business (Check all that apply)

<input type="checkbox"/> 1. Small Business Concern	<input type="checkbox"/> 12. Woman-Owned Business	<input type="checkbox"/> 24. Educational Institution
<input type="checkbox"/> 2. Small Disadvantaged Business	<input type="checkbox"/> 13. Veteran-Owned Business	<input type="checkbox"/> 25. Financial Institution
<input type="checkbox"/> 3. 8(a) Fund Partner	<input type="checkbox"/> 14. Minority-Owned Business	<input type="checkbox"/> 26. Research Institution
<input type="checkbox"/> 4. HUBZone Small Business Concern	<input type="checkbox"/> 15. Native American-Owned	<input type="checkbox"/> 27. Foreign Contractor
<input type="checkbox"/> 5. Emerging Small Business	<input type="checkbox"/> 16. Black American-Owned	<input type="checkbox"/> 28. Sheltered Workshop
<input type="checkbox"/> 6. Veteran-Owned Small Business	<input type="checkbox"/> 17. Hispanic American-Owned	<input type="checkbox"/> 29. JWOD Non Profit Agency
<input type="checkbox"/> 7. Service Disabled Veteran-Owned Small Business	<input type="checkbox"/> 18. Asian Pacific American-Owned	<input type="checkbox"/> 30. Nonprofit Educational Organization
<input type="checkbox"/> 8. Woman-Owned Small Business	<input type="checkbox"/> 19. Subcontinental Asian American-Owned (Asian-Indian)	<input type="checkbox"/> 31. Other Nonprofit Organization
<input type="checkbox"/> 9. Minority-Owned Small Business	<input type="checkbox"/> 20. Alaska Native Corporation (ANC)	<input type="checkbox"/> 32. Tribal Government
<input type="checkbox"/> 10. Other Small Business	<input type="checkbox"/> 21. Historically Black College	<input type="checkbox"/> 33. State/Local Government Education
<input type="checkbox"/> 11. Large Business	<input type="checkbox"/> 22. Domestic Contractor	<input type="checkbox"/> 34. Other State/Local Government
	<input type="checkbox"/> 23. Domestic Contractor Performing Outside the U.S.	<input type="checkbox"/> 35. Federal Government

Name of Business or Individual **Alternate Name (doing business as)**

Primary Contact Name **Telephone Number** **E-Mail Address**

Financial Contact Name **Telephone Number** **E-Mail Address**

NAICS CODE	PRIMARY BUSINESS PRODUCT

MAILING ADDRESS

Address Line 1 (P.O. Box, or Number and Street) **Address Line 2 (Building, Suite, etc.)**

City **State** **Zip Code** **Country** **Telephone Number** **Fax Number**

REMITTANCE ADDRESS (Complete only if different than the address above)

Address Line 1 (P.O. Box, or Number and Street) **Address Line 2 (Building, Suite, etc.)**

City **State** **Zip Code** **Country** **Telephone Number** **Fax Number**

ACH FINANCIAL INSTITUTION INFORMATION

Financial Institution Name **Routing / ABA Number** **Account Number**

Account Title (if different than name of business or individual) **Type**
 Corporate Checking Personal Checking Savings Lockbox

City **State** **Zip Code** **Country**

CERTIFICATION OF SURVEY DATA

I understand that the Library will make payment by ACH, and I have provided ACH financial institution information.

Name **Title/Position** **Telephone Number**

Signature **Date**

FOR LICENSING DIVISION USE ONLY

Legal Name (as on Statement of Account) **ID#** **Period** **Type**