

# USBRI Small Business Certification Worksheets

When completed, please email to [filings@usbri.us](mailto:filings@usbri.us) or fax to 1 (888) 255-4963.

Questions? Please call 1 (888) 646-9998 and choose Option 1.

Please consider all fields MANDATORY.

Legal Business Name: _____
Physical Address: _____
City: _____ State: _____ Zip Code +4: _____
Mailing Address (if different): _____
Phone: _____ Fax: _____
Website: _____
Point of Contact: _____ Phone: _____
Title: _____ Email: _____
UEI#: _____ CAGE Code: _____

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 8 (a)

Service-Disabled Veteran Owned

Woman Owned

HUBZone

Veteran Owned

GSA Schedule Contract

Please list some **keywords** you would use in a search engine to locate your business:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## CORPORATE POINT OF CONTACT

Primary POC Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code +4: \_\_\_\_\_ Country: \_\_\_\_\_

U.S. Phone: \_\_\_\_\_ U.S. Fax: \_\_\_\_\_

Non U.S. Phone: \_\_\_\_\_ Non U.S. Fax: \_\_\_\_\_

Alternate POC Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code +4: \_\_\_\_\_ Country: \_\_\_\_\_

U.S. Phone: \_\_\_\_\_ U.S. Fax: \_\_\_\_\_

Non U.S. Phone: \_\_\_\_\_ Non U.S. Fax: \_\_\_\_\_

Non Federal Government Certifications (NFGCs) include state certifications, such as State Certified Native American, or industry-related competence certifications, such as Microsoft Certified Systems Engineer, Cisco Certified Internetwork Expert, ColdFusion Certified Developer, Certified Public Accountant, Licensed Electrician, etc.:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Certifications: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Certifications: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Certifications: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Certifications: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Certifications: \_\_\_\_\_

**CAPABILITIES STATEMENT:** Please provide 3-5 sentences explaining your organization's core competencies and differentiators. This will be a summary that potential contractors see.

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**FEMA** Disaster Relief Assistance: Special Equipment, materials, skills, and geographic area: \_\_\_\_\_

\_\_\_\_\_

**Construction Bonding Level - Aggregate:** \_\_\_\_\_

**Construction Bonding Level - Per Contact:** \_\_\_\_\_

**Service Bonding Level - Aggregate:** \_\_\_\_\_

**Service Bonding Level - Per Contact:** \_\_\_\_\_

## Percentage(s) of Business Type

\_\_\_\_\_ % Construction

\_\_\_\_\_ % Manufacturing

\_\_\_\_\_ % Research and 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

## **EXPORT PROFILE**

If you answer "Yes" or "Want To Be", please complete the remaining fields under the Export section. If not, skip to the next section.

Is your company an exporter? \_\_\_ Yes \_\_\_ No \_\_\_ Want To Be

### Business Activities:

\_\_\_ Manufacturer

\_\_\_ Distributor/Agent

\_\_\_ Broker (Intermediary)

\_\_\_ Retailer

\_\_\_ Service(s)

\_\_\_ Consultant

\_\_\_ Financing

\_\_\_ Other: \_\_\_\_\_

### Desired Business Relationships

\_\_\_ Direct export sales

\_\_\_ Distributor/Importer

\_\_\_ Representative/Agent/Broker

\_\_\_ Overseas retailers

\_\_\_ Licensing

\_\_\_ Franchising

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<input type="checkbox"/> Contract Manufacturing <input type="checkbox"/> Joint venture/coventure <input type="checkbox"/> Wholly owned subsidiaries/branches	<input type="checkbox"/> Alliances <input type="checkbox"/> Investment <input type="checkbox"/> Other: _____
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Export Objective: \_\_\_\_\_

**Countries:** Please mark all countries you export/want 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

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British Virgin Islands	Gabon	Macau	Qatar	Uruguay
Brunei	Gambia	Macedonia	Romania	Uzbekistan
Bulgaria	Georgia	Madagascar	Russia	Vanuatu
Burkina Faso	Germany	Madagascar	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	Hait	Mexico	Solomon Islands	
Chile	Honduras	Moldova	Somalia	
China	Hong Kong	Monaco	South Africa	
Colombia	Hungary	Mongolia	Spain	

## GOVERNMENT ENTITY PAST PERFORMANCE

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

Govt entity: \_\_\_\_\_ Project Name: \_\_\_\_\_

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Govt entity: \_\_\_\_\_ Project Name: \_\_\_\_\_

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Govt entity: \_\_\_\_\_ Project Name: \_\_\_\_\_

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

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

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

