

SUPPLIER BUSINESS SIZE CERTIFICATION

Supplier must complete and sign the following certification for Würth USA's official use. This form must be updated annually or whenever a change in status occurs. The supplier certifies the following information as of the date this representation is signed:

1. Primary North American Industry Classification System (NAICS) code: _____ (as defined in 13 CFR 121.201)
2. It is ___ is not ___ a Small Business Concern

(Complete 3 through 8 below only if the supplier represented itself as a Small Business Concern in 2 above)

3. It is ___ is not ___ a Woman-Owned Small Business
4. It is ___ is not ___ a HubZone Small Business Concern
5. It is ___ is not ___ a Veteran-Owned Small Business Concern
6. It is ___ is not ___ a Service Disabled Veteran-Owned Small Business Concern
7. It is ___ is not ___ a Small Disadvantaged Business Concern
8. It is ___ is not ___ a Minority-Owned Business Concern
(Mark all that apply)

Note: If supplier checked in the affirmative, 3 through 8 please provide, along with a copy of this completed form, a copy of the applicable business certificate/confirmation from one of the nationally recognized Business Organizations below:

Small Business - Registered with the Central Contractor Registration (CCR)

Women-Owned Small Business - Certification by the Women's Business Enterprise National Council (WBENC)

HubZone Small Business - Certification provided by the Small Business Administration (SBA)

Veteran-Owned Small Business - Registered with the Central Contractor Registration (CCR)

Service Disabled Veteran - Owned Small Business - Registered with the Central Contractor Registration (CCR)

Small Disadvantaged Business - Paper copy of the letter from the Small Business Administration certifying your company as a Small Disadvantaged Business.

Minority-Owned Business Concern - Certification by the National Minority Supplier Development Council (NMSDC) is required

Signature: _____

Date: _____

Print Name: _____

Title: _____

Company Name: _____

DUNS: _____

Company Address: _____

POC: _____

Phone: _____