



### CPS ENERGY BUSINESS QUESTIONNAIRE

Phone: (210) 353-2474 Fax: (210) 353-3021 Website: [www.cpsenergy.com](http://www.cpsenergy.com)

1. Name of business: \_\_\_\_\_  
 Doing business as: \_\_\_\_\_  
(other business name, if applicable)  
 Contact person and title: \_\_\_\_\_
2. Business mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ / \_\_\_\_\_
3. Business telephone number: ( ) \_\_\_\_\_ - \_\_\_\_\_ 4. Fax number: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Business e-mail address (if applicable): \_\_\_\_\_
4. Is the above business name and mailing address considered the home office? \_\_\_ Yes \_\_\_ No
5. Size: (check one of the following) \_\_\_ Small Business or \_\_\_ Large Business  
(If you are having difficulty determining your size status please call SBA at 1-800-U-ASK-SBA or (202) 205-6618 for assistance.)
6. Please check the following applicable boxes:

- Certified by SBA as a HUBZone Small Business
- Woman Owned Small Business
- Woman Owned Large Business
- Veteran Owned Small Business
- Veteran Owned Large Business
- Service Disabled Veteran Owned Small Business
- Service Disabled Veteran Owned Large Business
- Certified by SBA as a Small Disadvantaged Business\*
- Small Disadvantaged Business not certified by the SBA\*
- Large Disadvantaged Business\*

\*What is your ethnicity? \_\_\_ Black American, \_\_\_ Hispanic American, \_\_\_ Native American,  
 \_\_\_ Asian Pacific American, \_\_\_ Subcontinent Asian American  
 \_\_\_\_\_ Historically Black College/Univeristy or Minority Institution  
 \_\_\_\_\_ Other: Specify \_\_\_\_\_

7. Number of Employees: \_\_\_\_\_
8. Primary NAICS Code: \_\_\_\_\_  
 If the NAICS Code is unknown, please refer to [www.sba.gov/size](http://www.sba.gov/size) or provide a description of your materials and/or services so that we may provide the appropriate code for you: \_\_\_\_\_

**Under 15 U.S.C. 645(d), any person who misrepresents its size status shall (1) be punished by a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.**

Printed name and Title : \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GOOD FOR ONE YEAR PERIOD. IT IS YOUR RESPONSIBILITY TO NOTIFY US IF YOUR SIZE OR OWNERSHIP STATUS CHANGES DURING THIS PERIOD. PLEASE LIST, ON THE BACK OF THIS FORM, OR AN ATTACHED SHEET, ALL OTHER BUSINESS NAMES AND LOCATIONS THAT ARE AFFILIATED WITH YOUR FIRM, E.G., BRANCH LOCATIONS, ETC.

Questions about this document should be directed to the phone number listed above, or e-mailed to [bsrogers@cpsenergy.com](mailto:bsrogers@cpsenergy.com)

