

# ▶ Small Business Self-Certification Form

SMITH SECKMAN REID, INC. / SSRcx

Company Name:

Street:

City:

State:

Zip:

Phone Number:

Fax Number:

Cage Code:

Primary NAICS Code:

DUNS Number:

Number of Employees:

**Business Size:** *(Please check all that apply)*

**Small Business**

**Certified by SBA as Small Disadvantaged Business**

**Certified by SBA as HUBZone Small Business**

**Women Owned Small Business**

**Veteran Owned Small Business**

**Service Disabled Veteran Owned Small Business**

**Minority Owned Small Business** *(Please specify Minority )*

**Large Business**

You may wish to review the definitions for the above categories in the Federal Acquisition Regulation 19.7 or 52.219- 8 (<https://www.acquisition.gov/far/>). If you have difficulty ascertaining your size status, please call 1-800-U-ASK-SBA or refer to the SBA's website at [www.sba.gov](http://www.sba.gov).

Under 15 U.S.C. 645(d), any person who misrepresents company 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

This self-certification is good for one year. It is your responsibility to notify us if your size or ownership status changes during that period. After one year, you are required to re-certify with us. Please e-mail this completed document to [workwithus@ssr-inc.com](mailto:workwithus@ssr-inc.com).