

Company Name: _____
 Contact Person: _____
 Address: _____
 City, State, Zip Code: _____
 Phone Number: _____
 Email: _____

Size¹ (Please check all that apply):	
SMALL BUSINESS	LARGE BUSINESS
<input type="checkbox"/> Small Business <input type="checkbox"/> Small Disadvantaged Business <input type="checkbox"/> Certified by SBA as a HUBZone Small Business <input type="checkbox"/> Certified by SBA as a 8(a) Small Business <input type="checkbox"/> Women-Owned Small Business <input type="checkbox"/> Veteran-Owned Small Business <input type="checkbox"/> Service Disabled Veteran Owned Small Business <input type="checkbox"/> Minority-Owned Small Business <input type="checkbox"/> Other Small Business: _____	<input type="checkbox"/> Large Business (including non-profit) <input type="checkbox"/> Minority-Owned Large Business <input type="checkbox"/> Women-Owned Large Business <input type="checkbox"/> Other Large Business: _____

INDUSTRY SECTOR	MINORITY CATEGORY
<input type="checkbox"/> Advertising/marketing services <input type="checkbox"/> Business consulting services <input type="checkbox"/> Communications services <input type="checkbox"/> Construction services (office space outfitting) <input type="checkbox"/> Educational independent contractors <input type="checkbox"/> Facilities engineering and maintenance <input type="checkbox"/> General office equipment/supplies <input type="checkbox"/> Graphic design and print services <input type="checkbox"/> Hardware and hardware resellers <input type="checkbox"/> IT contractors <input type="checkbox"/> Office equipment and supplies <input type="checkbox"/> Office furnishing <input type="checkbox"/> Outsourced services <input type="checkbox"/> Publications and fulfillment <input type="checkbox"/> Software <input type="checkbox"/> Travel and event services <input type="checkbox"/> Other: _____	<input type="checkbox"/> African American <input type="checkbox"/> American Indian & Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian & Other Pacific Islander <input type="checkbox"/> Non-Minority

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

NAICS Codes for products/services you provide:

Primary

Secondary 1

Secondary 2

A table of NAICS codes may be found at http://www.sba.gov/sites/default/files/files/Size_Standards_Table.pdf

We are obligated to advise you that 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.

Signature: _____ Date: _____

Name (print): _____ Title: _____

This certification is effective for one year from the date of signature (directly above). After one year, you are required to complete and provide a new Self Certification Form to The College Board. It is your responsibility to notify The College Board in writing if your size or ownership status changes during the period.