



## SUPPLIER DIVERSITY SELF-CERTIFICATION

In accordance with government regulations, prime contract requirements and corporate policy, Arkwin Industries, Inc. is required to request business size/classification information from its subcontractors and suppliers. Please cooperate by completing this form and returning it to the sender within 10 business days. Your prompt response will minimize unnecessary delays in future business transactions.

Company Name:

Street Address:

City:

State:

Zip Code:

Phone:

Fax:

Cage Code:

Number of Employees:

Business Size (select all that apply):

Registrations (select all that apply):

Small Business

Small Disadvantaged Business (SDB)\*

Woman Owned Small Business (WOSB)

Veteran Owned Small Business (VOSB)

Service Disabled Veteran Owned Small Business (SDVOSB)

HUBZone Small Business (HUBZ)\*

Large Business

SBA Dynamic Small Business Search

(<http://dsbs.sba.gov>)

System for Award Management

([www.sam.gov](http://www.sam.gov))

*\* If certified by the SBA as a Small Disadvantaged Business and/or HUBZone Small Business, please attach a copy of your SBA certification(s).*

You may wish to review the definitions for the above categories in the Federal Acquisition Regulations (FAR) section 19.7 or 52.219-8 located at <http://www.acquisition.gov/far/>. These definitions are also available at on the Arkwin Industries, Inc. website at <http://www.arkwin.com/pages/suppliers.cfm>.

**Notice: In accordance with 15 U.S.C. 645(d), any person who misrepresents a firm's size/classification status shall (1) be punished by imposition of fine, imprisonment or both; (2) be subject to administrative remedies including suspension or debarment; and (3) be ineligible for participation in programs conducted under authority of the Small Business Act.**

This self-certification is valid for one year or until an updated form is submitted. It is the supplier's responsibility to notify Arkwin Industries, Inc. if its size/classification, ownership status or other relevant information changes during this period. After one year, suppliers must recertify.

The undersigned certifies and acknowledges that as of the date entered the above statements are true and correct.

Name:

Title:

Signature: \_\_\_\_\_

Date:

Return this completed form via fax or email to:  
Supply Chain Coordinator

Arkwin Industries, Inc.

686 Main Street

Westbury, NY 11590

Phone: (516) 333-2640

Fax: (516) 333-1314

[Myandolino@arkwin.com](mailto:Myandolino@arkwin.com)