Type of Business

* Services Provides/Consultant
* Value-Added Reseller
* Distributer
* Manufacturer

Principal Product/Service:

Business Name (dba):

Principal Place of Business (Address/City/State/ZIP/Country):

Mailing Address:

Federal Tax ID#: Dun & Bradstreet#

Point of Contact: Phone: Fax: Email:

General Information

Business Established (Year) Annual (Fiscal Year) Gross Sales $

Commercial General Liability Insurance Coverage: Limits $

Professional Liability Insurance: € Yes € No Limits $

Geographic Areas of Service: € International € National € Virginia € Other States

Current/Prior Clientele Serviced:

Business Ownership (Check all applicable)

€ Publicly Held € Privately Held € Corporation/LLC € Partnership € Franchise € Subsidiary

€ Sole Proprietorship € Other

Business Classification:

No. of Employees

€ Small Business € Large Business € Woman Owned Business

€ Veteran Owned Business € Service Disabled Veteran Owned Business

Minority Owned Business:

€ African American € Asian Pacific American € Hispanic American

€ Native American € Small Disadvantaged Business € HUBZone

€ 8a € Other

Question 1: Does your business have a current Small Business program managed in accordance with the Federal Acquisition Regulation (FAR)? € Yes € No

Question 2: Does your business subcontract with Small Businesses in accordance with its obligations under the FAR (if any)? € Yes € No

**Statement: Under penalty of law and according to the guidelines of the Small Business Act and other applicable regulations and procedures, I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE.**

**Officer or principal authorized signature Title**

**Print Name Date**

Return completed form to:

Attn: Purchasing Dept.

Ivyhill Technologies LLC

9658 Baltimore Avenue, Suite 300-1

College Park, MD 20742

For more information on vendor enrollment at IVYHILL contact the Purchasing Dept. at the above address or call (301) 278-8809.