

## **SELF-CERTIFICATION FORM**

COMPLETE AND RETURN ASAP
Return to: dfraser@dutragroup.com
Donna Fraser (707) 374-0131

Company Name: Address:				
City, State, Zip:				
Contact Person:				
Phone & Fax:				
UEI Number:				
Email Address:				
CIZE.				
SIZE:	Small Business			
-	Small Disadvantaged Bu	usiness		
-	Certified by SBA as a HI	UBZone Small Busir	ness	
	Women Owned Small B	usiness		
-	Veteran Owned Small B	usiness		
-	Service Disabled Veteran Owned Small Business Historically Black College/University or Minority Institution			
	Historically Black Colleg Large Business (includir		ority institution	
-	Alaskan Native Corporate	tion		
	Indian Tribe			
	Other: Specify			
NAICS codes are	ating most appropriate NAICS of	ze criteria applicable	e to the supplies/services being contracted. vw.census.gov/naics/. You may also ask	
52.219-8 (https://w		). If you have difficu	Federal Acquisition Regulation 19.7 or ulty ascertaining your size status, please refer contact your local SBA office.	
imprisonment, or b	45(d), any person who misrepre ooth; (2) be subject to administra he authority of the Small Busines	itive remedies; and (	s shall (1) be punished by a fine, (3) be ineligible for participation in programs	
Signature and	Title	Date	-	
	IAL USE ONLY************************************		all Business Search Database / /	