

RETURN TO ASU				DO NOT SEND TO IRS	
▶ Legal Name:			TIN:		
Are you doing business in Arizona for purposes of sales/use tax collection and remittance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you select Yes, please provide your Arizona License # _____ and sales/use tax rate charged _____ % DUNS# _____					
SECTION 1 - FEDERAL INFORMATION					
What is your business' federal classification type? See the definitions in the link or on the Vendor Authorization Form instructions. (S.B.A. Small Business definition FAR 19.001 and size standards FAR 19.102) http://www.sba.gov/size					
Large Business? YES <input type="checkbox"/> NO <input type="checkbox"/> Small Business? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Please check all that apply to your business for the federal supplier type:					
Service-Disabled Veteran-Owned (VD) <input type="checkbox"/>		Small Disadvantaged (SD) <input type="checkbox"/>		Women-Owned (WO) <input type="checkbox"/>	
Veteran-Owned (VO) <input type="checkbox"/>		Minority Institution (MI) <input type="checkbox"/>		HUB Zone (HZ) <input type="checkbox"/>	
SECTION 2 - STATE OF ARIZONA SMALL BUSINESS INFORMATION					
Are you self-certified according to this State of Arizona definition? "Less than 100 full-time employees <u>OR</u> less than \$4 million in volume in the last fiscal year"				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Per FAR 52.219-1 and under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small, HUB Zone small, small disadvantaged or women-owned small business concern to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9 or 15 of the Small Business Act or any other provision of federal law that specifically references section 8(d) for a definition of program eligibility, shall be punished by imposition of fine, imprisonment or both; be subject to administrative remedies, including suspension and debarment; and be ineligible for participation in programs conducted under the authority of the Act.					
Print Name:					
Signature:					
Phone:			Fax:		
Email:					
VENDOR: List the product or service provided.					
If the buyer name is listed, please return to the buyer.		Buyer:		Phone:	
				Fax:	