



# SUPPLIER SELF-CERTIFICATION FORM

Click Here to  
SUBMIT FORM

**TO BE COMPLETED BY SUPPLIER**

- Complete the form using **Adobe Reader XI** or newer.

Legal Company Name :

Doing Business As:

Company Address :

Contact Phone :

Contact Name :

Contact Title :

Contact Email :

Website:

Check **ALL** boxes below that apply to your business.

SMALL BUSINESSES	LARGE BUSINESSES
<p><b>SB</b> Small Business Check this box if you <b>ARE</b> a small business.</p> <p><b>SDB</b> Small Disadvantaged Business</p> <p><b>WOSB</b> Women Owned Small Business</p> <p><b>VOSB</b> Veteran Owned Small Business</p> <p><b>SD/VOSB</b> Service Disabled Veteran Owned Small Business If you check this box, check <b>VOSB</b> also.</p> <p><b>HUBZone SB</b> Historically Underutilized Business Zone Small Business Does <b>NOT</b> include regional or state HUB certifications.</p> <p><b>ANC</b> Alaska Native Corporation If you check this box, check <b>SDB</b> too. If you are an ANC, you are a SB regardless of size.</p> <p><b>IT</b> Indian Tribes If you check this box, check <b>SDB</b> too. If you are an IT, you are a SB regardless of size.</p> <p><b>HBCU or MI</b> Historically Black College/University or Minority Institution</p> <p><b>MOSB</b> Minority Owned Small Business Black American Hispanic American Native American Asian-Pacific American Subcontinent Asian American</p> <p><b>LGBT</b> Lesbian, Gay, Bisexual, and Transgender Small Business</p> <p><b>Other</b></p>	<p><b>LB</b> Large Business Check this box if you <b>ARE NOT</b> a small business.</p> <p><b>WBE or WOB</b> Women Business Enterprise or Women Owned Business</p> <p><b>VOB</b> Veteran Owned Business</p> <p><b>SD/VOB</b> Service Disabled Veteran Owned Business If you check this box, check <b>PDOB</b> too.</p> <p><b>PDOB</b> Person w/ Disability Owned Business</p> <p><b>MBE or MOB</b> Minority Business Enterprise or Minority Owned Business Black American Hispanic American Native American Asian-Pacific American Subcontinent Asian American</p> <p><b>LGBT</b> Lesbian, Gay, Bisexual, and Transgender Business</p> <p><b>Other</b></p>

You may wish to review the definitions for the above categories in the Federal Acquisition Regulation 19.7 or 52.219-8 ([www.acquisition.gov/far/](http://www.acquisition.gov/far/)). If you have difficulty ascertaining your size status, please refer to SBA's website at [www.sba.gov/size](http://www.sba.gov/size) or contact your local SBA office.

\* If you provide Air Liquide more than one product/service under differing NAICS codes, you **MUST** submit a separate self-certification form for each code.

<p>* Primary NAICS Code / Description / Size Standard :</p>	<p>Federal Tax ID :</p> <p style="text-align: right;">EX:    1    2    -    3    4    5    6    7    8    9</p>
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NAICS codes are needed for the Summary Subcontract Report breakout report that the prime contractor is required to submit to the Government, pursuant the Federal Acquisition Regulation (FAR) clause at 52.219-9(I)(2)(iii).

**Provide a brief description of the product(s)/service(s) provided by your company:**

**\*\* 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 :

Title :

Name (Print) :

Date:

**Please enter data in the form & click submit form or return to [USSCM.SupplierDiversity@AirLiquide.com](mailto:USSCM.SupplierDiversity@AirLiquide.com).**