SUPPLIER DIVERSITY SELF-CERTIFICATION FORM

The following information is being requested on behalf of CK Power. In support of our Supplier Diversity Program, CK Power is required to maintain certification of Business Size and Ownership from all of their suppliers. Your participation in reporting this information is important for ensuring successful relationships among all members of the business community. To be considered in our Supplier Diversity program, please complete and return this form along with any diversity certificates by email or fax to the requestor.												
Legal (Company									NAICS Code/ SIC Code		
Name =									Online address for the NAICS Code Standards			
DBA/AKA Name									is: http://www.sba.gov/size/indextableofsize.html			
Current Address										Fed Tax ID or SSN (if Individual)		
City	City			State	te Zip code				D&B Number			
Remit 7	Γo Address								Phone Number			
City		Sta		State	Zip code			Fax Number				
Business Owner Name									Web Site			
Business Owner Email Address									Email A	Email Address		
# of Employees				Annual Sal		les						
Business Classification										1		
 Women Business Enterprise (WBE) Veteran Owned Business Service Disabled Veteran Owned Business Historically Underutilized Business (HUB Small Disadvantaged Business (SDB) 8(a) Certified Business 					Zones) Hispanic SBA Certif Other Certi				rican American Asian Asian American Ame			
Male Female Definition from the Semple				Definiti the Sma	iness Size Small Large nition: A small business is a business that is classified as "small" under the guidelines set forth by Small Business Administration. Business size is dependent on the NAICS code, the number of loyees, and the annual sales of a given company. Please refer to <u>http://www.sba.gov/size</u> for more ils.							
Certification As a Small, Ethnic or Woman Owned Enterprise If applicable, indicate the agency from which your company has been certified as an ethnic or woman owned enterprise, or as a small business enterprise, and attach a copy of your certification. COPY OF CERTIFICATION REQUIRED.												
					Certification Expiration Date					Certificate Number		
Sma	ll Business Ad											
NMSDC Affiliated Council												
Women's Business Enterprise Nat'l Council												
Uteran Affairs Office												
□ Other:												
Othe	er:											
	dersigned decl	lares the for	egoing sta	tements	are true and	l corre	ect.					
Prepared By:												
Signature:				Date:								
Title:												
<i>IMPORTANT NOTICE</i> - Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small business in order to obtain a subcontract that is to be included as part or all of a goal contained in a subcontracting plan required pursuant to Section 8(d) of the Small Business Act, shall (1) be punished by imposition of 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 Act												