

Small Business Subcontracting Plan Requirement Form

Name of Business Firm _____

Address _____

Per the Following F.A.R. clauses 52.204-5 and 52.219-1, please advise your business status. Check all that apply:

- Small Business (SB)
- Small Business, Women Owned (WOSB)
- Small Disadvantaged (SDB)
- Large Business (LB)
- HUBZONE (HUBZone SB)
- Veteran Owned, Small Business (VOSB)
- Service-Disabled, Veteran-owned Small Business (SDVOSB)
- Other explain: _____

6 Digit NAICS you subscribe to _____ Cage Code: _____

If you are a Canadian business please indicate what region your place of business is located in so we can use that information to track The Industrial and Region Benefits (IRBs) for Canadian content.

- Canadian (C)

Regional Distribution:

- Atlantic Region (C-AR)
- Quebec Region (C-QR)
- Western Region (C-WR)
- Northern Ontario Region(C-NO)
- Southern Ontario Region (C-SO)
- Northern Region (C-NR)

Please sign and Date below:

Signature of Authorized Representative _____ Date _____

Title of Authorized Representative _____

Please Send Completed Forms to:

Amphenol-Borisch Technologies
Attn: Purchasing
4511 East Paris Ave. SE
Grand Rapids, MI 49512

Or E-mail: purchasing@borisch.com

or fax: Fax: (616)554-9821