**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 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