Supplier Classification Form
Renewed Annually

Please complete fully, sign, and return this survey form to the address listed at the bottom of the 2nd page.

Date: __________________

COMPANY NAME ____________________________________________ Contact Person ____________________________________________

ADDRESS ____________________________________________ E-Mail Address ____________________________________________

CITY, STATE, ZIP ____________________________________________ PHONE & FAX (___) ________/ (___) ________/ Web Address: ____________________________

Federal Tax ID or Social Security No. (Required for IRS Form 1099 Compliance) ..............................................

NAIC Codes (Top 3 NAIC codes that describe your business) ______________________________________________________

Primary NAIC Codes must be provided.

Please give a description of your Products, Supplies, Services etc. __________________________________________________________________________

____________________________________________________________________________________________________________________________

Business Classification

1. Please identify the business classifications for which you qualify by marking the appropriate box(es) below. Refer to the definition of each classification as listed on the reverse side of this form.

□ Small Business □ MBE** □ WBE** □ Veteran-Owned ** □ Listed in VETBIZ
□ Listed in SBA/CCR □ Minority-Owned □ Women-Owned □ Listed **

□ Large Business □ Small Disadvantaged** □ Non-Profit 501(3)(c) □ Disabled Veteran Owned**
□ HUB Zone** (as defined by the SBA) □ Foreign Owned

**You must furnish a copy of your certification (local, regional or national) with these classifications

2. If your firm qualifies as a Small Disadvantaged, Minority or Woman-owned Business as defined by FAR 52.219, please designate your classification by marking the box for at least one of the categories shown below **

□ Asian-Pacific American □ Asian-Indian American □ African American
□ Native American □ Hispanic American □ Handicapped/Disabled
□ Individual/Concern currently certified for participation in the Minority Small (Capital Ownership Development Program under section 8(a) of the Small Business Act 15 U.S.C. 637(a))

□ Historically Underutilized (as defined by the State of Texas)
□ Other Minority Ownership not listed above and found to be socially disadvantaged by the Small Business Administration

3. Company Classification:

□ A Corporation □ A Partnership □ A Sole Proprietorship
□ A Joint Venture □ A Division, Subsidiary, Affiliate, of:
□ A Limited Liability Company Parent Company ____________________________

Address ____________________________ City/State/Zip ____________________________

□ Manufacturer □ Distributor □ Service
Has anyone currently employed with your company been an Employee of Alcatel-Lucent or its Affiliates within the last 12 months? ________________

I hereby certify that the foregoing information regarding business size and business ownership is true and correct, that Alcatel-Lucent may rely on such information and that I have read “Certification of Non-segregated Facilities” on the back of this form. I also understand that returning this form will not guarantee business from Alcatel-Lucent.

Authorized Signature ___________________________ Title ___________________________ Date ___________________________

Phone: ___________________________ Fax: ___________________________ E-Mail: _________________________________________

**EPA Clean Air and Water Certification**

- YES ☐ We certify that any facility to be used in the performance of any proposed Alcatel-Lucent subcontracts is not listed on the EPA's List of violating Facilities.
- NO ☐

**Affirmative Action Compliance Reports**

- YES ☐ We have filed all required compliance reports required by FAR 52.222-26. Representations be obtained prior to entering into proposed subcontracts pursuant to Alcatel-Lucent prime subcontract.
- NO ☐

**Certification of Non-segregated Facilities**

“Segregated facilities”, as used in this provision, means any waiting rooms, work areas, rest rooms and wash rooms, restaurants, cafeterias, and other eating areas, time clocks, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation, exercise, or entertainment areas, transportation, and housing facilities provided for employees that are segregated by explicit directive or are in fact segregated on the basis of race, color, religion, or national origin because of habit, local custom, or otherwise.

By the submission of this form, you are certifying that your firm does not and will not maintain or provide for its employees’ any segregated facilities at any of its establishments, and that it does not and will not permit its employees to perform their services at any location under its control where segregated facilities are maintained. You agree that a breach of this certification is a violation of the Equal Opportunity clause in a subcontract.

Your firm further agrees that (except where it has obtained certifications from proposed subcontractors for a specific time period) it will: (a) obtain non-segregated facilities certifications from proposed subcontractors before the award of subcontracts under which the subcontractor will be subject to the Equal Opportunity clause; (b) retain the certificates on file; and (c) forward the following notice to the proposed subcontractors:

**Notice to Prospective Subcontractors of Requirement For Certification of Non-segregated Facilities**

A certification of Non-segregated Facilities must be submitted before the award of a subcontract under which the subcontractor will be subject to the Equal Opportunity Clause. The certification may be submitted either for each subcontractor for all subcontracts during a given time period (i.e. annually).

**Definitions - Business Classifications**

**SMALL BUSINESS**: A small domestic concern must be independently owned and operated and not dominant in its field of endeavor. Please see www.sba.gov for current Small Business Administration sizing standards.

**SMALL DISADVANTAGED BUSINESS**: A socially economically disadvantaged small domestic concern at least 51% owned, and daily managed and controlled, by socially and economically disadvantaged individuals; or in the case of publicly owned business at least 51% of the stock is owned by socially economically disadvantaged individuals and one or more such individuals manage and control the daily operations of the business. Disadvantaged persons are individuals found to be disadvantaged by the Small Business Administration. Refer www.sba.gov for further clarification

**WOMEN-OWNED**: At least 51% of the concern is owned and day-to-day managed and controlled by women, or in the case of a publicly owned business, at least 51% of the stock is owned by women and one or more such individuals manage and control the daily operations of the business (FAR 52-219).

**VETERAN or SERVICE-DISABLED VETERAN**: Veteran or Service-Disabled Veteran Owned Business is defined as a business that is at least 51% owned, operated and controlled by an owner or owners who are veterans of the military, naval, or air service of the United States with an honorable discharge and is registered with www.VETBiz.gov. Service Disabled Veteran must also have a service connected disability.

**HUBZone**: A small business concern that appears on the List of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration. www.sba.gov for further clarification

**NON-PROFIT ORGANIZATION**: Any organization not conducted or maintained for the purpose of making profit. Included in this category are: sheltered workshops, universities, colleges, and local state, and federal governments, etc.

**FOREIGN OWNED**: A business concern is considered to be foreign if more than 50% of its production or services are performed outside of the United States or its possessions.

**NOTICE**: Under 15 U.S.C. 645(d), any person who misrepresents a firm’s status as a small business concern as defined in FAR paragraph (a) 52.219, Small Business Concern Representation, which defines that criteria needed in order to obtain a contract that is to be awarded under the preference programs established pursuant to sections 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 (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.

**Please return to the following address, along with any ethnic status or business certification(s):**

Alcatel-Lucent, Attn: Diversity/Sourcing Group, 3400 W. Plano Parkway. M/S DIV1, Plano, TX 75075 Fax 972-477-1418

FORM: 8BD 00343 0037