

Self Certification for Exemption from DUNS Requirement
For Subcontractors and Vendors

Legal Business Name: _____

Physical Address: _____

Physical City: _____

Physical Foreign Province (if applicable): _____

Physical Country: _____

Signature of Certifier _____

Full Name of Certifier (Last Name, First/Middle Names): _____

Title of Certifier: _____

Date of Certification (mm/dd/yyyy): _____

The sub-contractor/vendor whose legal business name is provided herein, certifies that we are an organization exempt from obtaining a DUNS number, as the gross income received from all sources in the previous tax year is under USD \$300,000.

*By submitting this certification, the certifier attests to the accuracy of the representations and certifications contained herein. The certifier understands that s/he and/or the sub-contractor/vendor may be subject to penalties, if s/he misrepresents the sub-contractor/vendor in any of the representations or certifications to the Prime Contractor and/or the US Government.

The sub-contractor/vendor agrees to allow the Prime Contractor and/or the US Government to verify the company name, physical address, or other information provided herein. Certification validity is for one year from the date of certification.