



1218.1.3f VENDOR MASTER FILE RECORD DATA FORM (HUB Form)

IRS INFORMATION: Complete IRS form W-9 and return with this form. https://www.irs.gov/pub/irs-pdf/fw9.pdf

CONTACT INFORMATION:

Table with 2 columns: REMIT TO and ORDER FROM: SAME AS REMIT TO. Rows include Vendor Name, Contact Name, Address 1, Address 2, City, State, Zip, Phone, E-Mail, and Website.

NC HUB Certified: Yes No (attach documentation) for more information, visit: www.doa.nc.gov/hub

- Black Female Asian American Hispanic
Disabled Disadvantaged American Indian

Federal Certifications: Certified with SBA/VA or self-certified with Federal Government Yes No (attach documentation), for more information, visit https://certify.sba.gov/am-i-eligible

- SDB (small disadvantaged business) WBE (women business enterprise)
SBE (small business enterprise) HBCU/MI (historically black colleges and universities or minority institutions)
HubZone (historically underutilized small business) MBE (minority business enterprise)
VOSB (Veteran-owned small business) Alaska Native Corporations and Indian Tribes
DVOSB (service-disabled Veteran-owned small business) Other SBA 8(a) certifications and programs: (specify)
WOSB (women-owned small business)

SIZE OF BUSINESS: Small Large
To determine if business is small or large, visit SBA site: https://www.sba.gov/document/support--table-size-standards

I CERTIFY THAT (1) I AM DULY AUTHORIZED TO COMPLETE THIS FORM; (2) THE LEGAL ORGANIZATION SHOWN ON THIS FORM IS CORRECT, AND (3) I am not on the Federal Debarred Vendor list https://www.sam.gov/portal/SAM/#1#1 or the NC Debarred Vendor list https://ncadmin.nc.gov/government-agencies/procurement/contracts/debarred-vendors

SIGNATURE TITLE DATE

PRINT NAME