

SUPPLIER EVALUATION SURVEY (Business Categorization)

All information will remain confidential and assist PGC in the evaluation and selection of suppliers.

Supplier Name:	_____	Date:	_____
Address:	_____	Phone:	_____
City, State:	_____	E-mail:	_____
Zip Code:	_____	Fax:	_____
Supplier Contact:	_____	Title:	_____

Please categorize your company and return this form to Philadelphia Gear.
Please advise us if your status changes.

We are:

- Small business (SB) - Advise if self-certified with the SBA
- Woman owned small business (WOSB) - Advise if self-certified with the SBA
- Located in Labor Surplus Area (HUBZone SB) - Advise if certified by the SBA and supply certificate if you are
- Large business
- Small disadvantaged business (SDB)- Advise if self-certified with the SBA
- Veteran owned small business (VOSB) - Advise if self-certified with the SBA
- Veteran owned service disabled small business (SD/VOSB) - Advise if self-certified with the SBA

Signed: _____

Print Name: _____

Date: _____