

UNISON INDUSTRIES, INC.
SUPPLIER SELF CERTIFICATION

Supplier's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Fax _____

SIC Code _____ Federal Emp. I.D. _____

NAICS Code _____

Name and address of parent company (if applicable)

Large Business (LB) _____

Subsidiary of: _____

Privately Held _____

Small Business (SB)

Small Disadvantaged Business (SDB)

Woman Owned Small Business (WOSB)

Non-Profit

HUBZone Small Business (HUBZSB)

Historically Black College/University /MI (HBCU/MI)

Veteran Owned Small Business (VOSB)

Veteran Disabled Small Business (VDSB)

The undersigned, on behalf of the Seller, certifies that the information contained above is true and correct to the best of the Seller's knowledge. I recognize that the certification may be forwarded to the U.S. Government and that if any of the above statements are intentionally false, I may be subject to penalties prescribed in 18 U.S.C. 1001.

_____ Date _____

(Authorized Signature and Title)

**THIS FORM MUST BE SIGNED AND RETURNED WITHIN TEN WORKING DAYS.
FAILURE TO RESPOND MAY DELAY PAYMENT OF INVOICES UNTIL
INFORMATION IS RECEIVED.**