



Supplier Information Form

Date:

New Revision

Interested suppliers may complete and submit a Supplier Information Form to be included into LANS' vendor database. **Suppliers are advised that there is no guarantee any solicitations or awards will be sent to Supplier by submitting a Supplier Information Form;** however, in the event a solicitation is sent to the Supplier from an LANS Procurement Official, then a more formal quotation/offer may be required.

Legal Business Name: **D/B/A: (if applicable)**

Business Phone: **Company Website:**

Address 1:

Address 2:

City: **State:** **Zip Code:** **Country:**

Registered with System for Award Management (SAM.gov)? Yes No **If yes, valid thru:**

Type of Organization: (Check all that are applicable)

| | | |
|---|--|---|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Non-profit organization | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Government Entity | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Corporation | | <input type="checkbox"/> Other (describe below) |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Federal | <input type="text"/> |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> State | |
| <input type="checkbox"/> International Organization | <input type="checkbox"/> Local | |

Socioeconomic Status: (Please select one) Large Business Small Business

Select all that apply: Please note that 8(A) and HUBZone certifications come from the Small Business Administration (SBA).

| | | |
|---|--|--|
| <input type="checkbox"/> Small Disadvantaged | <input type="checkbox"/> Alaska Native or Tribal Corporation | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Women-Owned Small | <input type="checkbox"/> 8(a) Small Business | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Veteran-Owned Small | <input type="checkbox"/> HUBZone Small | <input type="text"/> |
| <input type="checkbox"/> Service Disabled Veteran-Owned Small | <input type="checkbox"/> Joint Venture | |
| <input type="checkbox"/> Indian-Owned Small | | |

Do you have an online catalog? Yes No **GSA Contract?** Yes No

Description of Services and/or Supplies offered:
North American Industry Classification System (NAICS) Codes:

Company POC (Name)
Title:
Email:
Phone #:
Cell #:
Fax #:

SEND COMPLETED FORM TO:
Los Alamos National Laboratory
Attn: Small Business Program Office
PO Box 1663 / MS P222
Los Alamos, NM 87545
Email: business@lanl.gov
Phone: (505) 667-4419