

# Business Self-Certification Form

For assistance, please email:  
[Supplier\\_Diversity@navient.com](mailto:Supplier_Diversity@navient.com)

1. **Company name and DBA as it appears on W-9. (REQUIRED-Attach copy of W-9):**

\_\_\_\_\_

2. **D-U-N-S (Data Universal Numbering System) Number:** \_\_\_\_\_  
To apply for a D-U-N-S number for free visit; <https://fedgov.dnb.com/webform/index.jsp>

3. **NAICS Code(s) to be utilized for business size indicated below and service/material provided (REQUIRED):**

\_\_\_\_\_

To obtain NAICS classifications, log on to: <https://www.census.gov/eos/www/naics/>

4. **Business Size Representation- as defined by the SBA- (REQUIRED- Indicate one from the below):** Company represents, pursuant to government law or regulation that it is (definitions available in FAR Subpart 2.1- Definitions or 52.219-8 at [https://acquisition.gov/content/52219-8-utilization-small-business-concerns#i52\\_219-8](https://acquisition.gov/content/52219-8-utilization-small-business-concerns#i52_219-8) and <http://www.sba.gov/content/small-business-size-standards>):

Small Business (SB) *\*Please notify us immediately upon a change to size.*  
 Large Business (LB)

5. **SBA Small Business Classification Representation (Indicate all that apply. Include Certification begin/end dates and the Certifying Organization):**

Small Disadvantaged Business (SDB)- self certified  
 Woman-Owned Small Business (WOSB)  
 Certified by the SBA as a HUBZone Small Business (**HUBZoneSB**)- attach **Valid SBA Certificate**  
 Veteran-Owned Small Business (VOSB)  
 Service-Disabled Veteran Owned Small Business (SDVOB) *\*Please also mark VOSB*

6. **Diversity Classifications (Indicate all that apply. Include Certification begin/end dates and the Certifying Organization):**

Minority- Owned (MBE)  
 Women-Owned (WBE)  
 Indian Tribe (IN)  
 Alaska Native Corporation (ANC)  
 LGTBQ-Owned (LGTBQ)

7. **State Certifications:** \_\_\_\_\_

8. **Notification:** Under U.S.C. 645(d), any person who misrepresents its firm's size status shall (1) be punished by a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.

9. **Provide a brief description of the service(s) and/or product(s) provided by the company.**

\_\_\_\_\_  
\_\_\_\_\_

10. **Company's Execution (REQUIRED):** By signing the document, the company acknowledges all the details provided on the form and within the supporting documents are accurate, true, and that the company has read and understands the information.

**Company Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ **Fax Number:** (\_\_\_\_) \_\_\_\_\_

**Name of Company Officer or Designated Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_