# Qualcomm

# Small Business Subcontracting Plan Registration Form

In support of Qualcomm's Small Business Subcontracting Plan we require business size classifications to accurately report our small business initiatives. We appreciate your cooperation and ask that you provide the following information.

## BUSINESS INFORMATION

Business Name*

DBA (if different from above)

Address*

City*                                State*                                Zip*

Remittance Address (if different)

City                                State                                Zip

Contact Name & Title*

E-mail*                                                    Fax

Main Phone*                     Cell                              Website

D&B (D-U-N-S) Number                Cage Code

Annual Revenue                 Number of Employees*

## BUSINESS CLASSIFICATIONS *(Check ALL that apply)*\*:
*Please refer to http://www.sba.gov/tools/size-standards-tool for definitions of Small, Socially and Economically Disadvantaged Businesses.*

Foreign (FB) [ Do not check if business has a US remittance address ]

Large Business (LB) [ Business size is determined by NAICS and number of employees and/or annual sales.

For more information, refer to www.sba.gov/size ]

Small Business (SB)

Small Disadvantaged Business (SDB)

8(a) Certified Business

Disadvantaged Business Enterprise (DBE)

Veteran Owned Business (VBE)

Service Disabled Veteran Owned Business (DVBE)

Historically Underutilized Business Zone (HUB Zone)

AbilityOne Program (JWOD)

Disabled Owned Business

**SAM (System for Award Management)**  http://www.sam.gov    Enter Expiration
Date *mm/dd/yyyy*

[                    ]

**NAICS**: http://sba.gov   *Please list up to Top 5*

NAICS #1          NAICS#2          NAICS#3          NAICS#4          NAICS#5

**CERTIFICATIONS** *(Please enter all certifications below, examples: SBA, NMSDC, WBENC, CPUC, etc.)*

Certifying Agency          Certificate Number          Certificate Expiration Date *mm/dd/yyyy*

[                    ]

Certifying Agency          Certificate Number          Certificate Expiration Date *mm/dd/yyy*

[                    ]

Certifying Agency          Certificate Number          Certificate Expiration Date *mm/dd/yyyy*

[                    ]

Certifying Agency          Certificate Number          Certificate Expiration Date *mm/dd/yyyy*

[                    ]

Certifying Agency          Certificate Number          Certificate Expiration Date *mm/dd/yyyy*

[                    ]

**I certify that**: Should there be any changes whatsoever I will inform Qualcomm immediately. If a business size change occurs I will submit a new form. By completing and signing this form I certify that the information given is current, complete, and accurate as of the date signed.

**Electronic**                                    **Date\*:**          [                    ]
**Signature\*:**                                  *mm/dd/yyyy*

*Please save this form as a PDF and email to*
*smallbusiness @qualcomm.com*