



This form MUST be completed and returned to Amgen to provide the information necessary for the company's Federal Small Business Subcontracting Plan (SBSP) and annual reports required thereunder. Provision of false information as to a vendor's status is actionable under 15 U.S.C. §645.

Section A: Business Size

To verify if your company qualifies as a small business, please visit the Small Business Administration's Table of Small Business Standard.

- Small Business (Proceed to section B)
- Large Business (Proceed to section C)

Section B: Small Business Diversity Classification

Please check all applicable categories:

- Small Disadvantaged Business (SDB)
- Woman-Owned Small Business (WOSB)
- Veteran Owned Small Business (VOSB)
- Service Disabled Veteran Small Business (SDVOSB)
- HubZone Small Business (Attach SBA certification)

Section C: Large Business Diversity Classification:

Please check all applicable categories:

- Minority Business Enterprise (MBE)
- Woman Business Enterprise (WBE)
- Veteran Owned Business Enterprise (VBE)
- Service Disabled Veteran Owned Business Enterprise (DVBE)
- Lesbian, Gay, Bisexual and Transgender Business Enterprise (LGBT)
- Disabled Owned Business

Section D: Company Information

Company Name: _____

Telephone: _____

NAICS Code: _____

(see http://www.naics.com/sba_sizestandards.htm)

By signing below, you, on behalf of the company identified above in the signature block ("Company"), represent and warrant that the information on this Vendor Classification Form is complete and accurate and that the Company will promptly notify Amgen of any change in the Company's classification(s) identified above.

Contact Name _____

Signature _____

Title _____

Date _____