



### U.S. SMALL BUSINESS ADMINISTRATION SIZE STATUS DECLARATION

Use of Information. The information requested below will be used by SBA to determine the Applicant's ("Applicant") eligibility to receive financing or consulting and advisory services from a small business investment company licensed by SBA ("Licensee").

Instructions for submitting completed form. The Applicant should complete Part A and Part B (if necessary), sign the Applicant's certification, and return the form to the Licensee from whom it is seeking assistance. The Licensee should sign the Licensee's certification and retain the form in its files. SBA may request the completed form during an on-site examination of the Licensee.

Name and address of Licensee	Name and address of Applicant
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Applicant's Form of Organization:  Corporation  Partnership  Limited Liability Company  
 Proprietorship

#### PART A

	Yes	No
1. Does the Applicant business have any Affiliates? If yes, attach a list to this form. Affiliation exists when one individual or entity controls or has the power to control another or a third party or parties controls or has the power to control both. SBA considers factors such as ownership, management, previous relationships with or ties to another entity, and contractual relationships when determining whether affiliation exists. The complete definition of affiliation is found at 13 CFR 121.103. (See also, 13 CFR 121.107 and 121.301.) Examples of Affiliates include: (1) a parent company; (2) subsidiaries and other companies that are owned or controlled by the Applicant; (4) companies under common management with the Applicant; and (5) companies that have entered into agreements to merge with the Applicant. Additional guidance on affiliation can be found on SBA's size standards website at <a href="http://www.sba.gov/size">http://www.sba.gov/size</a> under " <a href="#">Guide to Size Standards</a> ".	___	___
2. Does Applicant (including affiliates) have tangible net worth in excess of \$18,000,000? (Tangible net worth = total net worth minus goodwill)	___	___
3. Does Applicant (including affiliates) have average net income after Federal income taxes (excluding any carry-over losses) for the preceding 2 completed fiscal years in excess of \$6,000,000?	___	___

#### PART B

Applicant must complete this part only if the answer to either question in Part A was "Yes". Applicant must not exceed the size standard for (1) the industry in which the Applicant combined with its affiliates is primarily engaged, and (2) the industry in which the Applicant alone is primarily engaged. Find the appropriate industry size standard under the NAICS code for your primary industry in 13 CFR 121.201.

1. Primary industry (include NAICS code):  
Applicant combined with affiliates \_\_\_\_\_ Applicant alone \_\_\_\_\_

2. Total annual receipts of Applicant (excluding affiliates) for each of its 3 most recently completed fiscal years (see 13 CFR 121.104):  
Year ended \_\_\_\_\_ \$ \_\_\_\_\_  
Year ended \_\_\_\_\_ \$ \_\_\_\_\_  
Year ended \_\_\_\_\_ \$ \_\_\_\_\_

3. Applicant's average number of employees (excluding affiliates) based on the number of persons employed on a full-time, part-time, temporary, or other basis during each of the pay periods of the preceding 12 calendar months (see 13 CFR 121.106): _____				
4. Affiliates of Applicant (domestic and foreign) Names and full addresses		Total annual receipts of affiliates (excluding Applicant) for past 3 completed fiscal years		Average no. of persons employed by affiliates (excluding Applicant) on full- time, part-time, temporary or other basis during each of the pay periods of the preceding 12 calendar months
a.		Yr. _____ Yr. _____ Yr. _____ 3-year average	\$ _____ \$ _____ \$ _____ \$ _____	
b.		Yr. _____ Yr. _____ Yr. _____ 3-year average	\$ _____ \$ _____ \$ _____ \$ _____	
c.		Yr. _____ Yr. _____ Yr. _____ 3-year average	\$ _____ \$ _____ \$ _____ \$ _____	

### Applicant's Certification

Applicant, through its duly authorized officer, hereby certifies that all information herein and in attachments hereto is true and complete to the best of its knowledge and belief. Applicant further certifies that it intends to conduct, for a period of not less than 1 year from the date of the final disbursement of the funds involved in the subject financing and for a period of not less than 1 year from the date of the commencement of the consulting or advisory services, as a regular and continuous business operation, the business operation for which the application for financing or consulting or advisory services is being made.

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**WARNING** *By signing below, you are acknowledging that the U.S. Small Business Administration (SBA) is relying on this information, and that false statements can lead to criminal prosecution under 18 U.S.C. 1014, and other statutes, with fines of up to \$1,000,000 and imprisonment of up to 30 years, and civil fraud damages of three times the Government's loss.*

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Name of Applicant:

Date:

By: (Signature of Officer)

Title:

### Licensee's Certification

Based upon all the information available to us, including all information and facts obtained through our own investigation, the Licensee has concluded that the Applicant is a small business concern within the requirements of the Small Business Investment Act of 1958, as amended, and the Regulations of SBA thereunder.

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Licensee Name:

Date:

By: (Signature of Authorized Official)

Title:

PLEASE NOTE: The estimated burden for completing this form is 10 minutes. You are not required to respond to this or any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3<sup>rd</sup> St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503 (OMB Approval 3245-0009).

**PLEASE SUBMIT OR RETAIN THE COMPLETED FORM ACCORDING TO THE INSTRUCTIONS ABOVE. PLEASE DO NOT SEND FORMS TO OMB.**