



Candidates Interested in Mentor Protégé Program with IEC			
Supplier/Company Legal Name:			
City:	State:	County:	Zip Code (9 digit):
Contact:	Title:	Email Address:	
Phone:	Supplier Provides: <input type="checkbox"/> Goods <input type="checkbox"/> Services		Website:
Types of Goods or Services Offered (additional information may be attached if needed):			
Supplier is:			
<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Nonprofit Corporation	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Foreign Citizen	<input type="checkbox"/> State or Local Government Agency	
<input type="checkbox"/> U.S. Government Agency	<input type="checkbox"/> Corporation Incorporated in the State of:		
Number of Years in Business:			
_____ Years _____ Months			
Supplier's Socio-Economic Information:			
The Supplier represents it <input type="checkbox"/> IS <input type="checkbox"/> IS NOT a small business. FAR 52.219-1 (OCT 2014)			
Complete the following only if the Supplier represents itself as a small business:			
The Supplier <input type="checkbox"/> IS <input type="checkbox"/> IS NOT a woman-owned small business.			
The Supplier <input type="checkbox"/> IS <input type="checkbox"/> IS NOT a veteran-owned small business.			
The Supplier <input type="checkbox"/> IS <input type="checkbox"/> IS NOT a service-disabled veteran-owned small business.			
The Supplier <input type="checkbox"/> IS <input type="checkbox"/> IS NOT an SBA certified HUBZone small business.			
The Supplier <input type="checkbox"/> IS <input type="checkbox"/> IS NOT an SBA certified HUBZone joint venture that complies with the requirements of 13 CFR Part 126.			
The Supplier <input type="checkbox"/> IS <input type="checkbox"/> IS NOT a small disadvantaged business as defined in 13 CFR 124.1002.			
Complete only if the Supplier represents itself as a small disadvantaged business:			
<input type="checkbox"/> Black American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Native American	
<input type="checkbox"/> Subcontinent Asian American	<input type="checkbox"/> Asian Pacific American	<input type="checkbox"/> Other minority firm	
<input type="checkbox"/> Certified 8(a) contractor			

Signature: _____

Name (printed or typed): _____

Title: _____

Date: _____

Please submit form to: IECsmallbusiness@icp.doe.gov