LIBRARY OF CONGRESS

VENDOR SURVEY

CEC / DUNS Number + Four	Please Fax survey to Office of Contracts and Grants Management at (202) 707-8611 or other Library office at: Accounting Operations Office 202-707-2829

SSN / TIN (Required)

- ☐ Corporations or partnerships, use Federal Taxpayer Identification Number (TIN)
- ☐ Independent contractors or sole proprietors, use Social Security Number (SSN)
- ☐ Foreign firms without TIN, do not enter number.

Vendor Type ☐ 1. Employee ☐ 2. Federal ☐ 3. Nonfederal

Type of Business (Check all that apply)

- ☐ 1. Small Business Concern
- ☐ 2. Small Disadvantaged Business
- ☐ 3. 8(a) Fund Partner
- ☐ 4. HUBZone Small Business Concern
- ☐ 5. Emerging Small Business
- ☐ 6. Veteran-Owned Small Business
- ☐ 7. Service Disabled Veteran-Owned Small Business
- ☐ 8. Woman-Owned Small Business
- ☐ 9. Minority-Owned Small Business
- ☐ 10. Other Small Business
- ☐ 11. Large Business
- ☐ 12. Woman-Owned Business
- ☐ 13. Veteran-Owned Business
- ☐ 14. Minority-Owned Business
- ☐ 15. Native American-Owned
- ☐ 16. Black American-Owned
- ☐ 17. Hispanic American-Owned
- ☐ 18. Asian Pacific American-Owned
- ☐ 19. Subcontinental Asian American-Owned (Asian-Indian)
- ☐ 20. Alaska Native Corporation (ANC)
- ☐ 21. Historically Black College
- ☐ 22. Domestic Contractor
- ☐ 23. Domestic Contractor Performing Outside the U.S.
- ☐ 24. Educational Institution
- ☐ 25. Financial Institution
- ☐ 26. Research Institution
- ☐ 27. Foreign Contractor
- ☐ 28. Sheltered Workshop
- ☐ 29. JWOD Non Profit Agency
- ☐ 30. Nonprofit Educational Organization
- ☐ 31. Other Nonprofit Organization
- ☐ 32. Tribal Government
- ☐ 33. State/Local Government Education
- ☐ 34. Other State/Local Government
- ☐ 35. Federal Government

Name of Business or Individual	Alternate Name (doing business as)

Primary Contact Name	Telephone Number	E-Mail Address
Financial Contact Name	**Telephone Number**	**E-Mail Address**

NAICS CODE	PRIMARY BUSINESS PRODUCT

MAILING ADDRESS

Address Line 1 (P.O. Box, or Number and Street)	Address Line 2 (Building, Suite, etc.)

City	State	Zip Code	Country	Telephone Number	Fax Number

REMITTANCE ADDRESS (Complete only if different than the address above)

Address Line 1 (P.O. Box, or Number and Street)	Address Line 2 (Building, Suite, etc.)

City	State	Zip Code	Country	Telephone Number	Fax Number

ACH FINANCIAL INSTITUTION INFORMATION

Financial Institution Name	Routing / ABA Number	Account Number

Account Title (if different than name of business or individual)	Type
	☐ Corporate Checking ☐ Personal Checking ☐ Savings ☐ Lockbox

City	State	Zip Code	Country

CERTIFICATION OF SURVEY DATA

I understand that the Library will make payment by ACH, and I have provided ACH financial institution information.

Name	Title/Position	Telephone Number
Signature		**Date**

FOR LICENSING DIVISION USE ONLY

Legal Name (as on Statement of Account)	ID#	Period	Type