



Advancing Evidence.
Improving Lives.

New Business Partner Request Form

Please complete the form below for consideration and addition to the AIR Supplier List

www.AIR.org

Complete all of the items in this table	
Supplier/Vendor Legal Business Name	
'Doing Business As' (dba) Name <i>(if applicable, should match W-9)</i>	
Business Street Address	
City	State
Zip	Country
Main Phone #	Main Fax #
Remittance/Payment Address <i>(if different from above)</i>	
City	State
Zip	Country
Contact Email Address	
Main Business Contact Name	
Complete the following items, enter "none" where appropriate (i.e. DUNS, Website):	
Year Established	Number of Employees
Annual Gross Revenue	
Website URL	
DUNS Number	
NAICS Code(s), <i>these may be found on this website: http://www.naics.com/search.htm (enter all applicable)</i>	

BUSINESS SIZE REPRESENTATIONS

is a large business

is a small business

Answer the Following only if classified as a Small Business above (check all that apply):

is a disadvantaged small business (dsb)

is a women-owned small business (wosb)

is a veteran-owned small business (vosb)

is a service disabled veteran-owned small business (sdvosb)*(must be certified by the VA)*

is a HUBZone small business *(as certified by the SBA)*

is a HUBZone joint venture

Is the business certified in any state(s) as a DVBE or other special small business certification?

Yes, certified in the following state(s), list all states:

Check here if business is registered in the Federal System for Award Management ([SAM](#)) and have a current Reqs & Certs.

TYPE OF BUSINESS ORGANIZATION:

C Corporation S Corporation

limited liability company, with tax classification of:

C-Corp Partnership

S-Corp Disregarded entity

Individual *(Independent Contractor/Consultant)*

Nonprofit Organization

Educational Institution

Government Entity (Federal, State or Local)

Foreign Entity

Other:

Please provide business capability information relevant to AIR's mission and programs on the next page:

Capabilities Information *(Required for consideration):*

Business has worked with AIR previously **Prime** **Sub**

Business has worked with the following types of Clients:

Federal Agencies **Not-for-Profit Organizations** **Commercial Organizations**

State & Local Agencies **International Organizations**

Email the completed form to SmallBusiness@AIR.org for review and consideration.