

**INFORMATION AND CAPABILITIES
FOR
ON-SITE SURGICAL INSTRUMENT SHARPENING, REPAIR, AND PREVENTATIVE MAINTENANCE SERVICE**

Please fully complete each section of the form below.

Company Name: _____

Company Address: _____

DUNS Number: _____

Point of Contact: _____

Phone Number: _____

Email Address: _____

Socio-economic Classification in Accordance with NAICS Code 339112 (check all that apply)

- Small Business
- Service Disabled Veteran Owned Small Business (SDVOSB)
 - Verified SDVOSB by www.vip.vetbiz.gov
- Veteran Owned Small Business (VOSB)
 - Verified VOSB by www.vip.vetbiz.gov
- Small Disadvantage Business
- Women-owned Small Business
- Economically Disadvantaged Small Business
- HUBZone
- 8(a) Certified

GSA Contract Number, if applicable: _____

Estimated Services to be Subcontracted

- What percentage of services (estimated) would the company perform as the Prime Contractor?
_____ %
- What percentage of services (estimated) would the company subcontract to other firms?
_____ %

Please provide a detailed Capability Statement for your firm.