



1040 Spring Street
Silver Spring, MD 20910
tel 301.608.9292
fax 301.608.9291

**United Therapeutics Corporation
Research Triangle Park, NC 27709
Small Business Survey and Certification**

April 7, 2015

Dear Valued Vendor:

We are in the process of updating and maintaining our vendor files and need you to complete and sign the form below.

Please return this form indicating your business classification selection (see below) to the **United Therapeutics Purchasing Department ATTN: Paul Shortridge** via one of the following:

- 1) Scan to: pshortridge@unither.com
- 2) Fax: (919) 485-8352
- 2) Mail: Please use address below.

Your prompt attention to this request and return it prior to **Tuesday, May 5, 2015** is greatly appreciated.

If you have any questions, please contact

Paul Shortridge
GMP Procurement Specialist
United Therapeutics Corporation
PO Box 14186
Research Triangle Park, NC 27709

Email: pshortridge@unither.com
Phone: (919) 425-8806

Thank you for your cooperation in this matter.

Sincerely,

United Therapeutics Corporation

PLEASE **CHECK** one or more of the following, including all which are applicable, that indicate your organization's business classification:

☐ **Small Business**

A business concern, including affiliates, independently owned and operated, not dominate in its field of operations, and qualified as a small business under the criteria and size standards in 13 C.F.R. Part 121.¹

☐ **Small Disadvantaged Business**

A "small disadvantaged" business in accordance with 13 C.F.R. Part 124. The firm must be a small business concern and 51% or more owned and control by one or more disadvantaged persons. The disadvantaged person or persons must be socially disadvantaged and economically disadvantaged. Also please indicate if the company is a small disadvantaged business participating in the 8(a) program. If the latter is applicable, please submit proof from the SBA of that status.

☐ **Woman-Owned Small Business**

A small business concern at least 51 percent owned by one or more women, and the management and daily business operations of which are controlled by one or more women. See 13 C.F.R. Part 127.

☐ **Historically Underutilized Business Zone Small Business**

A small business concern with its principal office located in a HUBZone, certified by the U.S. Small Business Administration. Please attach letter of HUBZone status notification from SBA to this form. See 13 C.F.R. Part 126.

☐ **Veteran-Owned Small Business**

A small business concern at least 51 percent owned by one or more qualified veterans, and the management and daily business operations of which are controlled by one of more qualified veterans. See 48 C.F.R. 52.219-9

☐ **Service-Disabled Veteran-Owned Small Business**

A small business concern at least 51 percent owned by one or more qualified disabled veterans whose disability is service related, and the management and daily business operations of which are controlled by one or more qualified services disabled veterans. See 13 C.F.R. Part 125.

¹ To qualify as a "concern" for small business purposes, an entity must have a place of business in the U.S. or its outlying areas and must make a significant contribution to the U.S. economy through payment of taxes and/or use of American products, material and/or labor, etc. See 48 C.F.R. Section 19.001.



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- ☐ **U.S. Large Business Concern (not a qualified small business)**
- ☐ **Non-U.S Business (not a qualified small business)²**
- ☐ **Non-Profit Business**

Notice: Under 15 U.S.C. § 645(d), any person who misrepresents a firm's status as a small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal Law that specifically references section 8(d) for a definition of program eligibility, shall (1) be punished by imposition of a fine, imprisonment or both; (2) be subject to administrative remedies, including suspension and debarment; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.

I hereby certify that the above business classification representation is current, accurate and complete.

Company Name: _____

Address: _____

Name _____

Title _____

Signed: _____

Dated: _____

² A non-U.S. Business is any business that does not both have a place of business in the U.S. or its outlying areas and make a significant contribution to the U.S. economy through payment of taxes and/or use of American products, material and/or labor, etc.