



**U.S. SMALL BUSINESS ADMINISTRATION
SIZE STATUS DECLARATION**

The Licensee shall date and execute this declaration and shall obtain the execution by the business concern involved (applicant) prior to providing financing or consulting and advisory services to such concern. Part A is to be completed by the Applicant, in all cases. If either question in Part A is answered "Yes", Part B is to be completed.

Name and Address of Licensee	Name and Address of Applicant
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Form of Organization of Applicant: Corporation Partnership Proprietorship

PART A

	Yes	No
1. Does Applicant (including affiliates) have tangible net worth in excess of \$18,000,000?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does Applicant (including affiliates) have average net income after Federal income taxes (excluding any carry-over losses) for the preceding 2 completed fiscal years in excess of \$6,000,000?	<input type="checkbox"/>	<input type="checkbox"/>

Applicant, through its duly authorized officer, hereby certifies that all information herein and in attachments hereto is true and complete to the best of its knowledge and belief and that it intends to conduct, for a period of not less than 5 years from the date of the final disbursement of the funds involved in the subject financing and for a period of not less than 5 years from the date of the commencement of the consulting or advisory services, as a regular and continuous business operation, the business operation for which the applicant for financing or consulting or advisory services is being made.

Name of Applicant _____		
Date:	By: (Signature of Officer)	Title:

PART B

This part must be completed only if the Applicant answered "Yes" to either question in Part A. The Applicant must meet the size standard designated for the industry in which the applicant, including its affiliates, is primarily engaged and the size standard designated for the industry in which the applicant concern, not including its affiliates, is primarily engaged. These size standards are set forth in 13 CFR Part 121.

1. Applicant's primary business activity (including SIC Code):

2. Total receipts of Applicant (excluding affiliates) for each of its most recently completed three fiscal years:

19 _____	\$ _____
19 _____	\$ _____
19 _____	\$ _____

3. Applicant's total number of employees (excluding affiliates) based on the number of persons employed on a full-time, part-time, temporary, or other basis during each of the pay periods of the preceding 12 months. _____

4. Affiliates of Applicant (domestic and foreign) names and full addresses	Total receipts of affiliates (excluding Applicant) for its past 3 completed fiscal years	Affiliates' total number of employees (excluding Applicant) based on a full-time, part-time, temporary, or other basis during each of the pay periods of the preceding 12 months
a.	a. 19 _____ 19 _____ 19 _____	a. _____
b.	b. 19 _____ 19 _____ 19 _____	b. _____
c.	c. 19 _____ 19 _____ 19 _____	c. _____

Licensee's Certificate:

Based upon all the information available to us, including all information and facts obtained through our own investigation, the Licensee named herein above has concluded that the Applicant is a small business concern within the requirements of the Small Business Investment Act of 1958, as amended, and the Regulations of SBA thereunder.

Date:	By: (Signature of Officer)	Title:
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PLEASE NOTE: The estimated burden hours for the completion of this form is 10 minutes per response. You will not be required to respond to this information collection if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspect of this information collection, please contact the U.S. Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project (3245-0009), Washington, D.C. 20503.