

WIDE AREA WORK FLOW CONTRACTOR TRAINING USAF ACADEMY, CO

COMPANY NAME:			
CONTACT NAME:			
MAILING ADDRESS:			
CITY:	ST	TATE:	ZIP CODE:
PHONE: FAX:		E-MAIL:	
CAGE CODE: CONTRAC	CT NUMB	ER (If Applicable):	
BUSINESS SIZE:		BUSINESS TYPE:	
Small		Manufacture/Produce	er
Small Minority-Owned		Services Establishme	ent
Small Disadvantaged		Retail Dealer	_
Minority Business certified by SBA		Wholesale Dealer	_
Small Woman-Owned		Construction	<u>—</u>
Veteran		Research and Develo	pment
Service-Disabled Veteran			
Other: Certified Hub Zone			

NOTE: Contracts with Certified Invoices to the Contracting Office are exempt from this program.