



Supplier Representations and Certifications

BUSINESS NAME:		CONTACT NAME:	
DBA: (if different from above)			
ADDRESS:			
CITY, STATE, ZIP:			
REMIT TO: (if different)			
CITY, STATE, ZIP:			
PHONE:		FAX:	
E-MAIL:			
TAX ID NUMBER (TIN): (as req'd on Form W-9)		OR: If Individual or Partnership SOCIAL SECURITY No.	
Dunn & Bradstreet Number / D-U-N-S			
Check Appropriate Box	<input type="checkbox"/> Individual/ Sole proprietor	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	<input type="checkbox"/> Other <input type="checkbox"/> Exempt from backup withholding

Business size Classification (Check ALL that apply):Please refer to www.sba.gov for classifications defining Small, Socially, and Economically Disadvantaged Businesses:

- Small Business (SB)
- Woman-Owned Small Business (WOSB)
- Historically Black College or University (HBCU)
- Veteran-Owned Small Business (VOSB)
- Service-Disabled Veteran-Owned (SDVOSB)
- Institution (MI)
- Large Business (LB)
- Government Agency (GA)
- Foreign Business (FB)
- Educational Institution (EI)

ISO CERTIFICATION

- A copy of our ISO certificate is attached
- We are not ISO certified

CCR: (Central Contractor Registration) <http://www.ccr.gov>

- We are registered with CCR [REQUESTED for all Govt orders]
- We are not registered with CCR

NAICS: <http://www.census.gov/pub/epcd/www/naics.html>

Primary Code: _____ List ALL others: _____

Copy of SBA certification is REQUIRED if classified as:

- Small Disadvantaged Business (SDB)
- SBA's SDB 8a Program
- Historically Underutilized Business Zone (HubZone)

C-TPAT(Customs-Trade Partnership Against Terrorism) Certification Yes No **ITAR (International Traffic in Arms Regulations) ITAR Parts 120-130 (22 CFR 120-130)**

- We are ITAR compliant
- A copy of our ITAR registration is attached

COMSEC:

- We are a COMSEC approved facility
- COMSEC account number: _____

Notice: Under 13 CFR 124.6, any person or entity that intentionally misrepresents the business size or status of any concern to obtain contracting opportunities to be awarded pursuant to Sections 8(a), 8(c), 9 and/or 15 of the Small Business Act shall be subject to fine, imprisonment, or both, administrative remedies, suspension and debarment, and ineligibility for any participation in any Federal program.

EQUAL OPPORTUNITY (FAR 52.222-26)

The Supplier represents that it is is not in agreement with the subject clause and Executive Order 11246, as amended, and the rules, regulations and Orders of the Secretary of Labor pertaining to Equal Opportunity.

AFFIRMATIVE ACTION FOR SERVICE DISABLED AND VIETNAM ERA VETERANS (FAR 52.222-35)

The Supplier certifies that it complies does not comply with applicable affirmative action and labor laws pertaining to the employment of Disabled and Vietnam Era Veterans.

AFFIRMATIVE ACTION FOR HANDICAPPED WORKERS (FAR 52.222-36)

The Supplier certifies that it complies does not comply with Executive Order 11758 Authority under Rehabilitation Act of 1973, as amended, regarding employment of qualified handicapped persons.



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EMPLOYMENT REPORTS ON DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA (FAR 52.222-37) The Supplier certifies that it **complies** **does not comply** with special reporting requirements pertaining to Employment Reports on Disabled Veterans of the Vietnam Era.

For Scope of Approval please list type of services, processes, products, or commodities your company provides:

<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Distributor	
<input type="checkbox"/>	Service Provider	
<input type="checkbox"/>	Fabricator (QA Approval Req'd on Non-COTS items)	
<input type="checkbox"/>	Manufacturer	
<input type="checkbox"/>	Contract Manufacturer (EMS)	
<input type="checkbox"/>	Other	

Should there be any changes whatsoever I will inform ViaSat immediately. If a Business Size Classification change occurs I will submit new Representations and Certifications. If Business is certified by SBA I have attached a copy of the certification.

I have read and agree to ViaSat's Terms and Conditions of Purchase (070CS047) which is available on-line at <http://www.viasat.com/support/purchasing> and understand that all purchase orders received from ViaSat will be subject to these terms and conditions. I have also received a copy of ViaSat's Policy concerning Gifts and Entertainment (Form 070PR034).

Taxpayer Identification Number (TIN) Certification: Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (For further information please refer to the Dept of the Treasury Internal Revenue Service FORM **W-9**).

By completing and signing this form, I certify that the information given in these Representations and Certifications are current, complete, and accurate as of the date signed.

PRINT NAME: _____ **TITLE:** _____
SIGNATURE: _____ **DATE:** _____

Return Completed Form to: ViaSat, Inc.
Purchasing Dept.
6155 El Camino Real
Carlsbad, CA 92009-1699

OR: Fax to:
(760) 929-3924

THE BOX BELOW IS FOR VIASAT INTERNAL USE ONLY

Requestor (Print Name): _____	Signature: _____	Date: _____
Approval (Print Name): _____	Signature: _____	Date: _____