



Advisory Committee Membership Nominee Information Form

OMB Control No:
3245-0124
Expiration Date:
08/31/ 2008

1. I wish to serve as a member of the following SBA advisory committee (pick one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Audit & Financial Management | <input type="checkbox"/> National Advisory Council | <input type="checkbox"/> District Advisory Council _____ |
| <input type="checkbox"/> National Women's Business Council | <input type="checkbox"/> Veterans Business Affairs | <input type="checkbox"/> Small Business Development Center Board |
| <input type="checkbox"/> Small Business Regulatory Fairness Board, Region _____ | <input type="checkbox"/> Other _____ | |

2. Applicant's Name:		3. Employer's Name:	
Home Address:		Employer's Address:	
City/State/Zip:		City/State/Zip:	
Phone:	Fax:	Title/Position:	
Email:		4. Industry/NAICS:	
Place of Birth (City/State):	Date of Birth:	5. Is this a small business per 13 C.F.R. §121? <input type="checkbox"/> yes <input type="checkbox"/> no	

6. Are you or any member of your household an applicant for or recipient of any SBA assistance? An applicant or recipient of SBA assistance includes a sole proprietor, partner, officer, director, or stockholder with a 10% or more interest in an entity, whether profit or non-profit, that applied for or received SBA assistance. yes no (if "yes" check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Contract or Grant | <input type="checkbox"/> Guaranteed Loan | <input type="checkbox"/> Surety Bond Guarantee |
| <input type="checkbox"/> SBIC License | <input type="checkbox"/> SBLC Status | <input type="checkbox"/> HUBZone Certification |
| <input type="checkbox"/> Certificate of Competency or Size Determination | <input type="checkbox"/> 8(a) or Small Disadvantaged Business Certification | |
| <input type="checkbox"/> Express decision to compromise or defer possible litigation or other adverse action | | |
| <input type="checkbox"/> Other Assistance: _____ | | |

7. Are you or any member of your household a party to litigation involving SBA? yes no

<p>8. Character Information:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Are you presently under indictment, on parole or probation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation (including offenses that have been dismissed or discharged)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation (including judgments withheld pending probation for any criminal offense other than a minor motor vehicle violation)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a professional or business license suspended or revoked?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been suspended or debarred from Federal assistance, including procurements?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever defaulted on a Federal loan or Federal-assisted financing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been the subject of suspension action or revocation of privilege to conduct business with SBA under 13 C.F.R. §103 or other SBA regulations.</p>
--	--

9. If answered "yes" to any part of question 7 or 8 please explain (attach additional pages as necessary):

I understand I am applying for membership to the above named advisory committee and that the information I provide may be verified by SBA and used to help determine my eligibility for advisory committee membership. I hereby certify that the information provided in this form is true and accurate.

Signature	Date:
-----------	-------

Print Name

NOTICES REQUIRED BY LAW

Purpose of Form:

SBA will use the information collected on this form to make a character and eligibility decision regarding individuals nominated to the agency's Advisory Boards. The information is required in order for SBA to have sufficient information to determine whether nominees meet eligibility requirements for membership on an SBA advisory council, including whether a conflict of interest exists between a nominee and SBA or between a business in which a nominee is a stakeholder (e.g. owner, director, shareholder, employee, nominee's business, etc) and SBA prior to the appointment of a council member, and whether a nominee meets the character standards that have been set. The information collected may be checked against criminal history indices, including those maintained by the Federal Bureau of Investigation. Response to this form is voluntary; however failure to provide the information would inhibit SBA's ability to determine whether a nominee is eligible for appointment.

Paperwork Reduction Act (44 U.S.C. Chapter 35):

The estimated burden for responding to this request for information, including time to compile the information, is one hour per response. You are not required to respond to this collection of information unless it displays a currently valid OMB Approval (Control) number. If you have any questions concerning the estimated burden for this form you may contact the U.S. Small Business Administration, Chief – AIB, 409 3rd Street, S.W., Washington, DC 20416; or Desk Officer for Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503. **DO NOT SEND FORMS TO OMB.**

Privacy Act (5 U.S.C. § 552a):

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrievable by individual identifiers, such as name. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 U.S.C. § 636 (a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate the Act or the Small Business Investment Act, 15 U.S.C. § 634(b)(1) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When this information indicates a violation of potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See, SBA Privacy Act System of Records – SBA 3, Advisory Council Files, at 70 FR 33930 (June 10, 2005) for other published routine uses.