

Green Goods and Services Survey



O.M.B. No. 1220-xxxx
Expires Month Day Year

Please return this form **within 14 days**. If you need help completing this form, contact information is listed on the last page. Thank you!

Please report for location(s) in [redacted] using Unemployment Insurance account [redacted]

1 What is the address where your business is physically located?
Report data for the location below. If this address is no longer correct, please provide us with an updated address in the space provided.

Enter Physical Location Address Corrections

Here
XYZ ADVISORS
4TH FLOOR
1310 SILVER STREET
SOMECITY WD 12345-6789

2 Have we identified your main business activity correctly?
We have listed below a description of your main business activity at this location. If this description is incorrect, please call XXX-XXX-XXXX or email GGS@bls.gov.

NAICS code: 541380 Testing laboratories		
We have identified your main business activity as the following:	Does NOT include:	
Establishments primarily engaged in: • Assaying • Biological testing (except medical and veterinary) • Calibration testing • Electrical and electronic testing • Geotechnical testing Mechanical testing The testing may occur in a laboratory or on-site.	• Non-destructive testing, or thermal testing • Performing physical, chemical, and other analytical testing services, such as acoustics or vibration testing	• Auto emissions testing • Laboratory testing for the medical profession • Veterinary testing services

3 What is your business's fiscal year?
Please provide us with your fiscal year that includes **the month of June 2010**.

Start of Fiscal Year			End of Fiscal Year		
MM	DD	YYYY	MM	DD	YYY Y

4 What is your percent revenue from specific business activities?

In Columns 1 and 3, please estimate the percent of total revenue for your location listed in Item 1 that comes from the activities listed below. Please base your estimate on total revenue for your fiscal year from Item 3. The sum of Columns 1 and 3 should equal 100%.

Note: This section may best be completed by someone at your firm with access to financial data.

Percent of Revenue for Fiscal Year listed in Item 3

1 Percent of total revenue	2 Business activities	3 Percent of total revenue	4 Business activities
	Acoustics testing laboratories or services		Pollution testing (except automotive emissions testing) services
	Assaying services		Product testing laboratories or services
	Automobile proving and testing grounds		Radiation dosimetry (i.e., radiation testing) laboratories or services
	Biological (except medical, veterinary) testing laboratories or services		Radiation testing laboratories or services
	Calibration and certification testing laboratories or services		Radiographic testing laboratories or services
	Electrical testing laboratories or services		Radiographing welded joints on pipes and fittings
	Electronic testing laboratories or services		Radiography inspection services
	Environmental testing laboratories or services		Radon testing laboratories or services
	Film badge testing (i.e., radiation testing) laboratories or services		Seed testing laboratories or services
	Fire insurance underwriters' laboratories		Soil testing laboratories or services
	Food testing laboratories or services		Testing laboratories (except medical, veterinary)
	Forensic (except medical) laboratories or services		Thermal testing laboratories or services
	Geotechnical testing laboratories or services		Vibration testing laboratories or services
	Hydrostatic testing laboratories or services		X-ray inspection services
	Industrial testing laboratories or services		Other
	Laboratory testing (except medical, veterinary) services		Other
	Mechanical testing laboratories or services		Other
	Metallurgical testing laboratories or services		Other
	Non-destructive testing laboratories or services		Other

5 What is your contact information? for person or persons who helped complete this form.

- Contact 1's name: _____
 Title: _____
 Phone number: (____) _____ - _____ email: _____
 Business website: _____
- Contact 2's name: _____
 Title: _____

Phone number: (____) _____ - _____ email: _____

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Do you have any questions about completing this form?

Please send email to GGS@bls.gov, or call (202)-691-XXXX

Confidentiality Statement. The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. This report is authorized by law 29 U.S.C.2.

Paperwork Reduction Act Statement. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate, and timely. We estimate that completing this form will take an average of 20 minutes. This estimate takes into account time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. If you have any comments regarding this survey, including suggestions for reducing the burden, send them to the Bureau of Labor Statistics, Office of Industry Employment Statistics, Paperwork Reduction Project, 2 Massachusetts Avenue, N.E., Room 4840, Washington, DC 20212. The OMB control number for this voluntary survey is 1220-NEW and expires on month day, year. Without a currently valid number BLS would not be able to conduct this survey.