Green Goods and Services Survey



O.M.B. No. 1220-0181 Expires September 30, 2010

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



Using Unemployment Insurance account number



1

What is the address where your business establishment 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

T_name
Phy_addr2
PHY_addr1
Phy_city, Phy_state phy_zip-phy_zip_ext

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 202-691-5185 or email GGS@bls.gov.

NAICS code: 541330 Engineering services				
We have identified your main business activity as the following:	Does NOT include:			
 Establishments primarily engaged in: Applying physical laws and principles of engineering in the design, development, and utilization of machines, materials, instruments, structures, processes, and systems The services may include: Providing advice Preparation of feasibility studies Preparation of preliminary and final designs Provision of technical services during the construction or installation phase Inspection and evaluation of engineering projects 	 Planning and designing computer systems that integrate computer hardware, software, and communication technologies Performing surveying and mapping services of the surface of the earth, including the sea floor Gathering, interpreting, and mapping geophysical data Creating and developing designs and specifications that optimize the use, value, and appearance of products Providing advice and assistance to others on environmental issues, such as the control of environmental contamination from pollutants, toxic substances, and hazardous materials Both the design and construction of buildings, highways, and other structures or in managing construction projects 			

3 What is your business establishment's fiscal year?

Please provide us with your fiscal year that includes **April 15, 2009** for the location listed in Item 1.

Stai	Start of Fiscal Year		
MM	DD	YYYY	

End of Fiscal				
Year				
MM	DD	YYY		
		Y		

What is your percent revenue from specific business activities? (continued)

4	What is your business establishment's employment? Please provide us with the employment figure you reported on your State's Quarterly Contributions Report for September 2009 for the location listed in Item 1. This figure is the count of all employees subject to State Unemployment Insurance taxes that worked or received pay for the pay period that included September 12 th , 2009.					
_				yment for pay period cludes September 12, 2009		
5	What is your percent revenue from specific project types? In Column 1, please estimate the percent of total revenue at the location listed in Item 1 that achieved EnergyStar, LEED (Leadership in Energy and Environmental Design) or other environmental certification requirements. Please base your estimate on total revenue for your fiscal year from Item 3. The sum of Column 1 may not equal 100%.					
	No	te: This secti	on may best be comp	leted by someone at your firm	with access to financial data.	
	Percent of total revenue for fiscal year listed in Item 3					
			Percent of total revenue from certified projects	2 Certification		
			projects	LEED EnergyStar Other (please specify): Other (please specify):		
6	W		contact informa	ation? For the person or pers	sons who helped complete this	
	1.	Contact 1's n	ame:			
		Title:				
	Phone number: () email:					
		Business wel	bsite:			
	2.					
		Phone numbe	er: ()	email:		

7 Do you have any questions about completing this form?

Please send an email to GGS@bls.gov, or call (202)-691-5185.

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 1220-0181 and expires on September 30, 2010. Without a currently valid number BLS would not be able to conduct this survey.