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| **Bureau of Labor Statistics****U.S. Department of Labor****O.M.B. No. 1220-0141****Expires April 30, 2018** |

 **Business Classification Report**

Please complete and return this form **by MMMM DD, YYYY**.

 **What is your contact information?**

**1**

 Please provide contact information for the person who completed this form.

|  |  |
| --- | --- |
| Name: |  |
| Title: |  | Business website: |  |
| Phone: | ( ) |  |  |  |  | E-mail: |  |

**2**

 **If the address below is not correct, please enter the updated address in the space provided.**

|  |  |  |
| --- | --- | --- |
|  |  | **Enter Address Corrections for Physical Location Below** |
| [FILL COMPANY NAME] |  |  |
| [FILL ADDRESS 1] |  |  |
| [FILL ADDRESS 2] |  |  |
| [CITY, STATE,ZIP] |  |  |
| [RUN\_DESC] |  |  |

**3**

|  |
| --- |
|  **Does the worksite listed in Question 2:** |
|  **Manufacture any products or produce any goods?** **a*** Yes
* No

**b** |
| **Arrange for any products or goods to be manufactured outside the U.S.?*** Yes
* No

**c** |
|  **Arrange for any products or goods to be manufactured inside the U.S. by an independent manufacturer?*** Yes
* No
 |

**4**

 **If you have any comments about this report, please note them here:**

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|  |
|  |
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|  |

**Thank you for completing this report. Please return it using the self-addressed, stamped envelope.**