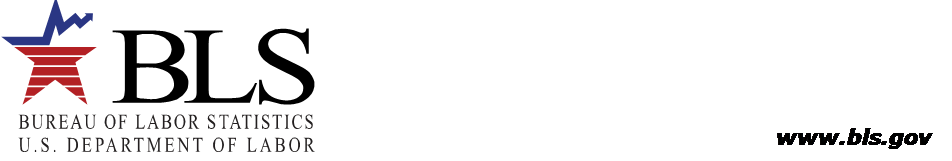
|  |
| --- |
| **Bureau of Labor Statistics**  **U.S. Department of Labor**  **O.M.B. No. 1220-0141**  **Expires April 30, 2018** |

 **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:**

|  |
| --- |
|  |
|  |
|  |
|  |

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