

**Federal Agency Appraisal Form**  
Small Business and Agriculture Regulatory Enforcement Fairness Act  
(SBREFA)

Case # \_\_\_\_\_  
(Ombudsman Use)

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Contact Name/Title: \_\_\_\_\_

Please indicate organization type:

\_\_\_\_\_ Small Business (a small business concern which qualifies as a small business under the criteria and size standards in 13 CFR Part 121.)

Type of Business (circle):      Service              Manufacturing              Wholesale/Retail              Construction

\_\_\_\_\_ Not-for-Profit (a small organization that is a not-for-profit enterprise, independently owned and operated, and not dominant in its field)

\_\_\_\_\_ Governmental (government of city, county, town, township, village, school district or special district with a population of less than 50,000)

In addition to the following information, please attach a statement specifying the facts relevant to your compliance or enforcement experience with the federal regulatory agency. (see instructions)

Federal Agency: \_\_\_\_\_ Contact person: \_\_\_\_\_

Office/Division: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Comments:

**Confidentiality / Disclosure\*\***

Please select one of the following options. If you do not select an option, Option 1 will be assigned to your case.

- 1. \_\_\_\_\_ My identity and the identity of my small business may be disclosed only to the Office of the Ombudsman and the Regional Fairness Board.
- 2. \_\_\_\_\_ My identity and the identity of my small business may be disclosed only to the relevant federal government agency (EPA, IRS, OSHA, etc.), the Ombudsman's Office and the Regional Fairness Board.
- 3. \_\_\_\_\_ My identity and the identity of my small business may be fully disclosed and made public. (see instructions)

\*\*Unless Option 3 is selected, Federal laws, 5 USC § 552(b) and 15 USC § 657(b)(2)(B), protect from disclosure the identity of the person and of the small business concern submitting this form.

**Signature of Business Contact:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Pursue all legal options you believe are in your company's best interest.  
This process is not a substitute for legal action.**

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**Please Note:** The estimated burden for completing this form is 55 minutes. You will not be required to respond to this information collection if a valid OMB approval number is not displayed. If you have any questions or comments concerning this estimate or other aspects of this information collection, please contact the U. S. Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project (3245-0313), Washington, D.C. 20503.

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