

SUPPLIER INFORMATION FORM

Supplier Legal Name: _____
Address: _____
Federal Tax ID: _____
Designated Contact: _____
Contact Email: _____ Contact Phone: _____
Company Product or Service: _____

Minority, Women, Veteran & Service Disabled Veteran – Owned Business Enterprise (MWSDVBE)

Check this box if your Company is not a MWSDVBE

I hereby attest that this firm is 51% owned, operated & controlled by women or minority-owned as shown below:

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian American/Pacific Island American | <input type="checkbox"/> Veteran/Service-disabled Veteran |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Women |
| <input type="checkbox"/> Person with Disability | |

I hereby attest that this firm hold the following certifications (attach copies of certifications):

- | | |
|---|---|
| <input type="checkbox"/> Minority-Owned Business Enterprise | <input type="checkbox"/> Small Disadvantaged Business |
| <input type="checkbox"/> Veteran/Service-Disabled Veteran Owned Business Enterprise | <input type="checkbox"/> SBA 8(a) Business Enterprise |
| <input type="checkbox"/> Women-Owned Business Enterprise | <input type="checkbox"/> HUBZONE Business Enterprise |

Certifying Agency(ies): _____

North American Industry Classification System (NAICS)

Primary NAICS Code: _____	Primary US Title: _____
Additional NAICS Codes: _____	Additional US NAICS Titles _____
_____	_____
_____	_____
_____	_____

Submitted By:

Name: _____ Title: _____

Is there anything else to be taken into consideration when reviewing your proposal?

*Minority Classification

*Add the ethnicity code to the Diversity Category, such as MBE-AI