

# Supplier Diversity and Certification Status Form

Please complete this form to certify your organization's diversity status. This form is designed for printing and manual signature.

## Section 1: Company Information

Legal Company Name:

Doing Business As (DBA), if applicable:

Street Address:

City, State, Zip Code:

Contact Person Name and Title:

Phone Number:

Email Address:

Company Website:

## Section 2: Diversity and Certification Status

For each applicable classification, please enter "Yes" or "No", and provide the certifying agency, certificate number, and expiration date where applicable.

### Minority Business Enterprise (MBE)

Is your business MBE certified? (Enter Yes or No):

Certifying Agency:

Certificate Number:

Expiration Date (MM/DD/YYYY):

### Women Business Enterprise (WBE)

Is your business WBE certified? (Enter Yes or No):

Certifying Agency:

Certificate Number:

Expiration Date (MM/DD/YYYY):

### **Veteran / Service-Disabled Veteran Business Enterprise (VBE / SDVBE)**

Is your business VBE/SDVBE certified? (Enter Yes or No):

Certifying Agency:

Certificate Number:

Expiration Date (MM/DD/YYYY):

### **Small Business Administration (SBA) / 8(a) / HUBZone**

Is your business SBA, 8(a), or HUBZone certified? (Enter Yes or No):

Certification Type and Agency:

Certificate Number:

Expiration Date (MM/DD/YYYY):

### **Other Diversity Classifications (e.g., LGBTQ+, Disabled-Owned)**

Classification Type:

Certifying Agency:

Certificate Number:

Expiration Date (MM/DD/YYYY):

## **Section 3: Affidavit & Authorized Signature**

By signing below, the undersigned declares and certifies that the information provided above is true, accurate, and complete to the best of their knowledge.

Authorized Representative Name:

Title:

Signature (Print and sign after printing):

Date (MM/DD/YYYY):