



SUPPLIER DIVERSITY PROGRAM APPLICATION

Full Name of Company						
Owner's Name (if sole proprietorship)						
Address of Main Office		City	State	Zip		
Order From/Remittance Address		City	State	Zip		
Telephone Number	Toll Free Number		Fax Number			
Web Address	Federal ID Number		Dunn & Bradstreet #			
Contact Person	Title		Email Address			
Business Organization Type (check all that apply)	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Partnership
	<input type="checkbox"/>	Minority Owned	<input type="checkbox"/>	Woman Owned	<input type="checkbox"/>	Veteran Owned
	<input type="checkbox"/>	Manufacturer	<input type="checkbox"/>	Sales Representative	<input type="checkbox"/>	Consultant
	<input type="checkbox"/>	Services	<input type="checkbox"/>	Distributor	<input type="checkbox"/>	Construction
	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Other:		
State and Year of Incorporation		Bonding Capability		8 Digit SIC Code		
Please provide a brief description of your product or services:						



REFERENCES

Please list three persons, who are not related to you, who can provide professional references.

Name	Business	Telephone

CERTIFICATION

This certifies that 51% of the business owners are US Citizens and are (check all that apply):

African American	<input type="checkbox"/>	Asian American	<input type="checkbox"/>	Hispanic American	<input type="checkbox"/>
Native American	<input type="checkbox"/>	Non Minority Women	<input type="checkbox"/>	Veteran	<input type="checkbox"/>

This business is presently certified with (check all that apply and attach copy of validation with application):

National Minority Supplier Development Council	<input type="checkbox"/>	National Women Business Owner's Corporation	<input type="checkbox"/>	Women's Business Enterprise National Council	<input type="checkbox"/>
Association for Service Disabled Veterans	<input type="checkbox"/>	National Veteran Owned Business Association	<input type="checkbox"/>	Minority Business Development Agency	<input type="checkbox"/>
Small Business Administration	<input type="checkbox"/>	Federal Certification	<input type="checkbox"/>	State Certification	<input type="checkbox"/>

Other:

Printed Name	Signature
Title	Date