**Self-Certification of Supplier Diversity**

**Company Information**

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **City:** |  |
| **State/Territory:** |  |
| **Country:** |  |
| **Service Area(s):** | [ ]  **Local** [ ]  **National** [ ]  **International** |

Please check ALL that apply:

[ ]  **Small Business\***

**\***Any business with less than 100 employees and an annual revenue of less than $8 million USD

[ ]  **Woman Owned Business**

[ ]  **Minority\* Owned Business**

\*Anyone who falls within a marginalized group, including racial, ethnicity, or caste minority groups

[ ]  **LGBTQ+ Owned Business**

[ ]  **Persons with Disabilities Owned Business**

In addition to this form, please submit any available supporting documentation to help verify supplier diversity status as indicated above, including any local, state, or federal certifications.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing this document, you are certifying that all the information provided above is factual and accurate to the best of your knowledge.*