



## Statement of Diversity Status

### I. GENERAL INFORMATION

Company Name: \_\_\_\_\_

Dun & Bradstreet ID: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_

Type of Firm:  Corporation  Partnership  Individual  Other: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Year Business Established: \_\_\_\_\_ SIC/NAICS Code(s): \_\_\_\_\_

### II. DIVERSITY STATUS

**Are you a Diverse Supplier?**  YES  NO

If you answered yes to the previous question please answer ALL of the following questions:

Are you a Minority Business Enterprise?  YES  NO

**Please check all that apply:**

African American  Asian Indian American  Asian Pacific American

Hispanic American  Native American

Are you a Woman Business Enterprise?  YES  NO

Are you a Disabled Business Enterprise?  YES  NO

Are you a Disabled Veteran Business Enterprise?  YES  NO

Are you a Veteran Owned Small Business?  YES  NO

### III. THIRD PARTY CERTIFICATION

Has your Diverse Supplier status been certified by a federal, state, municipal government, or any of the local councils (WBENC, NMSDC, etc)?  YES  NO

Certifying Agency: \_\_\_\_\_

Date Certified: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR CERTIFICATION DOCUMENTATION**

### IV. SIGNATURE

ON BEHALF OF THE SUPPLIER IDENTIFIED HEREIN, THE UNDERSIGNED CERTIFIES THE STATEMENTS AND ALL ANSWERS TO QUESTIONS LISTED ABOVE AS TRUE AND CORRECT.

|                                    |        |
|------------------------------------|--------|
| Name of Authorized Representative: | Title: |
| Signature:                         | Date:  |