

VENDOR CERTIFICATION DISCLOSURE FORM

As part of the procurement process, we request that all vendors disclose any certifications they currently hold. This information is collected for reference purposes only and will not be used as a basis for evaluation.

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

CERTIFICATION TYPE

Please indicate whether your business holds any of the following certifications:

- | | |
|---|---|
| <input type="checkbox"/> Minority-Owned Business Enterprise | <input type="checkbox"/> HUB / HUB Zone Certified |
| <input type="checkbox"/> Woman-Owned Business Enterprise | <input type="checkbox"/> LGBTQ-Owned Business |
| <input type="checkbox"/> Small Business Enterprise | <input type="checkbox"/> Native American Owned |
| <input type="checkbox"/> Veteran-Owned Business | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Service-Disabled Business | <input type="checkbox"/> <i>NONE</i> |
| <input type="checkbox"/> Disadvantaged Business Enterprise | |

Verified certifications should be accompanied by official documentation.

CERTIFYING AGENCY/COUNCIL

List all certifying agencies/councils that apply: _____

SIGNATURE

I certify that the above information is accurate and complete to the best of my knowledge.

Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____