|  |
| --- |
| **COMPANY OVERVIEW INFORMATION** |
| Company Name |  |
| Address |  |
| City/State/Zip |  |
| Phone Number |  | Fax Number |  |
| Website |  |
| **CONTACT INFORMATION** |
| Contact Name |  |
| Contact Title |  |
| Address |  |
| City/State/Zip |  |
| Phone Number |  | Fax Number |  |
| Email |  |
| **COMPANY DETAILS** |
| ***Type of Business***  | Choose an item. |  |  |
| [ ]  Consultant | [ ]  Factory Rep | [ ]  Wholesaler | ☐ Distributor | ☐ Retail |
| [ ]  Contractor | [ ]  Manufacturer  | ☐ Other |
| Service Provide: |  |
| **DIVERSE CLASSIFICATION** |
| Diversity Status: (Check any that apply) – submit certification |
| [ ]  Small Business | [ ]  Small Disadvantaged Business | [ ]  Veteran-Owned |
| [ ]  Disabled-Owned | [ ]  Minority-Owned | [ ]  Women-Owned |

By signing below, I certify that the submitted information is accurate and true.

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

**Email completed forms to: supplierdiversity@umwsb.com or mail to the address below.**