

Business Classification Affidavit

Company Name _____

Contact Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Website _____

Legal Structure _____

The company's ownership qualifies it for the following diversity classification(s):

- Minority-Owned Business** - A business with (1) more than fifty percent (50%) of the ownership or control of which is held, directly or indirectly, by one or more minority individuals; and (2) more than fifty percent (50%) of the net profit or loss of which accrues to one or more minority individuals.
 - Asian Pacific American
 - Black or African American
 - Hispanic American
 - Native American
 - Subcontinent Asian American

- Woman-Owned Business** - A business with (1) more than fifty percent (50%) of the ownership or control held, directly or indirectly, by one or more women; and (2) more than fifty percent (50%) of the net profit or loss accruing to one or more women.

- Veteran-Owned Business** - A business with more than fifty percent (50%) of the ownership or control held by a veteran or veterans regardless of ethnic background or gender.

- Disabled Business Enterprise** - A business with more than fifty percent (50%) of the ownership or control held by one or more persons with a disability; and more than fifty percent (50%) of the net profit or loss accruing to one or more persons with a disability.
 - Service-Disabled Veteran
 - Disabled Non-Veteran

- Lesbian, Gay, Bisexual, Transgender Business Enterprise** - A business with more than fifty percent (50%) of the ownership or control held by an LGBT person or persons.

Other: _____

Please list your services (e.g., office supplies, window washing, catering, printing, technology, consulting, etc.).

I CERTIFY THAT THIS INFORMATION IS COMPLETE AND ACCURATE. (Signature is required for the form to be considered valid)

Signature of Company Representative

Date

Print Name

Designation/Title

