|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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](mailto:supplierdiversity@umwsb.com) or mail to the address below.**