**SUPPLIER DIVERSITY SELF-CERTIFICATION**

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| **Please return this form, completed and signed to:*****Via email:*** **purchasing@newkirk-electric.com** **(Subject : Subcontractor Prequalification)*****Via fax:* (231) 722-1700 (ATTN: Subcontractor Prequalification)** |
| **Company Name** |       |
| **Primary NAICS Code**  |       | For information on NAICS Codes: <https://www.naics.com/naics-search-results/> |
| **Company Address** |       | **Federal Tax ID** |       |
| **City**  |       | **State** |       | **Zip code** |       | **D&B Number** |       |
| **Email** |       | **Website** |       |
| **# of Employees** |       | **Annual Sales (3-year average)** |       |

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| [ ]  **Form Does Not Apply / Not A Small or Diverse Business (if checked, select “Large” below)** |
| **Business Size: [ ]  Small [ ]  Large**(Definition: A “small business” is a business that is classified as such by the Small Business Administration (SBA). Size is dependent on NAICS code, number of employees, and/or annual sales. Refer to <http://www.sba.gov/size> for size standards to determine business size.) |

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| **Business Classification (At least 51% Ownership and Control):** | **Ethnicity, if applies:** |
|  [ ]  **Minority Business Enterprise (MBE)****[ ]  Women Business Enterprise (WBE)****[ ]  Veteran Owned Business (VBE)****[ ]  Disabled Veteran Owned Business (DVET)** **[ ]  HUBZones Business (HUBZone)** **[ ]  Small Disadvantaged Business (SDB)****[ ]  SBA 8(a) Certified Business****[ ]  Other:**  | [ ]  **African American** [ ]  **Asian** [ ]  **Asian**-**Indian**[ ]  **Asian-Pacific**[ ]  **Hispanic**[ ]  **Native American** [ ]  **Other: ­­­­­­­­­­­­­­­­­­­­**   |

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| **COMPLETE ONLY IF CERTIFIED BY AGENCY - Certification as a Small, Ethnically Diverse or Woman-Owned Enterprise**If applicable, indicate the agency from which your company has been certified as an ethnic or woman owned enterprise, or as a small business enterprise, and **attach a copy of your certification.**  |
|  | **Certification Expiration Date** | **Certificate Number** |
| **[ ]  Small Business Administration** |       |       |
| **[ ]  NMSDC Affiliated Council** |       |       |
| **[ ]  Women’s Business Enterprise Nat’l Council** |       |       |
| **[ ]  Small Business Administration** |       |       |
| **[ ]  Other:** |       |       |
| **[ ]  Other:** |       |       |

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| **The authorized representative below declares the foregoing information is true and correct to the best of their knowledge:** |
| Name: |  | Title: |  | Date: |  |