**SUPPLIER DIVERSITY SELF-CERTIFICATION**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please return this form, completed and signed to:**  ***Via email:*** [**purchasing@newkirk-electric.com**](mailto: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: |  |