

Appendix H: Business Category

M/WBE

Please check all that apply and sign (authorized signature) below.

As defined by EEO, I certify that my company qualifies as the following;

Minority Business Enterprise: _____

Women Business Enterprise: _____

SBA

As defined by the US Small Business Administration, my company qualifies as;

Certified Small Business; _____

Certified Veteran-Owned Small Businesses (VOSB): _____

Certified Service-Disabled Veteran-Owned Small Businesses (SDVOSB): _____

None of the above: _____

Company Name: _____

Authorized Signature: _____

Printed Name: _____

Position/Title: _____

Dated: _____