



Appendix H: Business Category

Business Category Certification

- EEO MBE/EEO WBE/SBA CSB/SBA VOSB/SBA SDVOSB

Please initial all that apply and sign below.

As defined by the US Equal Employment Opportunity (EEO), I certify that my Vendor qualifies as the following;

Minority Business Enterprise: _____

Women Business Enterprise: _____

As defined by the US Small Business Administration (SBA), my Vendor qualifies as; Certified Small Business; _____

The U.S. Small Business Administration (SBA) certifies Veteran-Owned Small Businesses (VOSBs) and Service-Disabled Veteran-Owned Small Businesses (SDVOSBs)

My Vendor qualifies as a Veteran Owned **or** a Service Disabled Veteran Owned Business.

Veteran Owned: _____

Service Disabled Veteran Owned: _____

Signature: _____

Printed Name: _____

Position/Title: _____

Dated: _____

Vendor: _____