

**BUILDINGS & GENERAL SERVICES
MINORITY/WOMEN OWNED BUSINESS ENTERPRISE SELF-CERTIFICATION FORM**

Company Name: _____

Address: _____

City: _____, State _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Ownership: Woman/Women _____ African American _____ Hispanic _____
Native American _____ Asian American _____ Other: _____

Place a check mark or "x" in the space to the left of the services that you provide.

BUSINESS CATEGORIES	
<input type="checkbox"/>	Abatement Services – Lead / Asbestos
<input type="checkbox"/>	Architectural Services
<input type="checkbox"/>	Communication Equipment
<input type="checkbox"/>	Construction Documents / Repro / Cad
<input type="checkbox"/>	Construction Materials
<input type="checkbox"/>	Contractors – Building
<input type="checkbox"/>	Contractors - Concrete
<input type="checkbox"/>	Contractors – Electrical & Solar
<input type="checkbox"/>	Contractors – General
<input type="checkbox"/>	Contractors – Historic Preservation
<input type="checkbox"/>	Contractors – Masonry
<input type="checkbox"/>	Contractors – Mechanical
<input type="checkbox"/>	Contractors – Plumbing
<input type="checkbox"/>	Contractors – Roofing
<input type="checkbox"/>	Contractors – Sitework / Excavation
<input type="checkbox"/>	Contractors – Utility
<input type="checkbox"/>	Contractors - Welding
<input type="checkbox"/>	Crane Services
<input type="checkbox"/>	Electrical Testing Equipment
<input type="checkbox"/>	Energy Consultants
<input type="checkbox"/>	Engineering Services (specify type)
<input type="checkbox"/>	Engineering/Survey Equipment
<input type="checkbox"/>	Environmental Consulting
<input type="checkbox"/>	Misc. – (specify)
<input type="checkbox"/>	Fencing
<input type="checkbox"/>	Graphic Design Services
<input type="checkbox"/>	Gravel, Sand, Crushed Rock
<input type="checkbox"/>	Health And Safety Equipment
<input type="checkbox"/>	HVAC Controls
<input type="checkbox"/>	Information Technology Services
<input type="checkbox"/>	Janitorial Services
<input type="checkbox"/>	Land Surveying
<input type="checkbox"/>	Landscape Services
<input type="checkbox"/>	Lumber
<input type="checkbox"/>	Maintenance /Construction Equip
<input type="checkbox"/>	Monitoring Equipment
<input type="checkbox"/>	Planning And Development
<input type="checkbox"/>	Security Services
<input type="checkbox"/>	Steel – Fabrication
<input type="checkbox"/>	Steel – Reinforcing
<input type="checkbox"/>	Steel – Sheet Piling
<input type="checkbox"/>	Steel – Sign And Delineator Posts
<input type="checkbox"/>	Steel – Structural And General
<input type="checkbox"/>	Testing And Inspection Services
<input type="checkbox"/>	Trucking
<input type="checkbox"/>	Video Services
<input type="checkbox"/>	Window Treatments

I certify that this is a small business and that the characteristics of the firm's ownership are accurately stated in the Ownership Data. Minority/Women Owned Business Enterprises must be at least 51% owned, controlled and actively managed by such individuals.

Printed Name and Title _____

Signature: _____ Date: _____

Submit to: Buildings & General Services
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