

MINORITY/WOMEN OWNED BUSINESS ENTERPRISE SELF-CERTIFICATION FORM

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

I certify 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:

Department of Buildings & General Services (BGS) [phone]: 802.828.2211 133 State St., 5th Floor Montpelier, VT 05633-8000

[fax]: 802.828.2222 BGS.OPCVendorDocs@vermont.gov