



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.

Table with 2 columns and 28 rows under the heading 'BUSINESS CATEGORIES'. Rows include Abatement Services, Architectural Services, Communication Equipment, etc.

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 [fax]: 802.828.2222
Montpelier, VT 05633-8000 BGS.OPCVendorDocs@vermont.gov