**WMBE**

PLEASE COMPLETE THIS SURVEY AND RETURN WITH YOUR BID/PROPOSAL DOCUMENTS.

NOT SUBMITTING THIS SURVEY WILL NOT DISQUALIFY YOUR BID/PROPOSAL.

THIS IS FOR INFORMATIONAL PURPOSES ONLY.

COMPANY NAME:

ADDRESS:

CITY, STATE, ZIP:

TYPE OF BUSINESS: INCORPORATED – FEDERAL ID#:

PARTNERSHIP – ID#:

SOLE PROPRIETORSHIP – SS#:

OTHER – DESCRIBE:

**WMBE: YES NO**

DESCRIBE: DISADVANTAGE (disabled) OWNED (DBE)

WOMEN OWNED (WBE)

MINORITY OWNED (MBE OR MWBE)

1. WHITE AMERICAN 4. HISPANIC AMERICAN

2. BLACK AMERICAN 5. ASIAN-PACIFIC AMERICAN

3. NATIVE AMERICAN 6. HASIDIC JEW

NONE OF THE ABOVE (NEC)

REGISTERED WMBE? YES NO REGISTRATION IN PROGRESS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature |  | Print Name and Title |  | Date |