

MINORITY VENDOR SELF-CERTIFICATION

DATE _____

4700 Mueller Blvd., Austin, TX 78723
 Voice: 800-476-6861 • Fax: 512-476-2286
www.sedl.org

NAME OF BUSINESS _____

ADDRESS _____

CITY/STATE _____ ZIP CODE _____

PHONE NUMBER _____ TYPE OF BUSINESS _____

FEDERAL ID # OR SOCIAL SECURITY # _____ NO. OF EMPLOYEES _____

NAME OF INDIVIDUAL COMPLETING FORM _____

SIGNATURE _____ TITLE _____

TYPE OF LEGAL ORGANIZATION:

INDIVIDUAL _____
 PARTNERSHIP _____
 CORPORATION _____
 GOVERNMENTAL _____

SOLE PROPRIETORSHIP _____
 ESTATE/TRUST _____
 SUB S CORPORATION _____
 EXEMPT ORGANIZATION _____

PLEASE CHECK THE APPROPRIATE BOX.

- ☐ LARGE BUSINESS (LB) ☐ SMALL BUSINESS (SB) ☐ SMALL DISADVANTAGED BUSINESS (SDB)*
☐ WOMAN-OWNED SMALL BUSINESS (WOSB)* ☐ HUBZone SMALL BUSINESS (HUBZone SB)

* (51% owned, controlled, and operated on a daily basis)

CHECK ONE:

- ☐ **American Indian or Alaskan Native** Persons having origins (ancestry) in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ **Asian or Pacific Islander** Persons having origins (ancestry) in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, the Philippine Islands, Korea, Samoa.
- ☐ **Black (not Hispanic)** Persons having origins (ancestry) in any of the black racial groups of Africa.
- ☐ **Hispanic** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin (ancestry), regardless of race.
- ☐ **White (not Hispanic)** Persons having origins (ancestry) in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **DISABLED** (51% owned, controlled, and operated on a daily basis by a disabled individual)
- ☐ **NONAPPLICABLE**

Is the firm certified as a SB, SDB, WOSB, HUBZone SB? ☐ Yes ☐ No

If yes, by what agency? _____ Certification #: _____ Certification date: _____

NOTE: You may either mail to SEDL in the enclosed self-addressed, prepaid return envelope or you may fax a copy of the form to Connie Rios at (512) 476-2286.