

CONSULTANT INFORMATION FORM

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| NAME | : | | MALE | FEMALE |
|-----------------|---|--|---|---|
| DOING | G BUSINESS AS (DBA): | | | |
| ADDR | ESS: | | | |
| CITY/STATE: | | | ZIP CODE: | |
| PHONE NUMBER: | | FAX NUM | BER: | |
| FEDEF | RAL ID # OR SOCIAL SECU | RITY #: | | |
| ness, | or HUBZone Small Bu | t the use of Small Business, Sm siness concerns, SEDL would ap any other documentation enclos | preciate your completing | |
| estab U.S. D | lished by the Office o Department of Labor t | nic background according to th f Federal Contract Compliance o assure uniform reporting to a kground, choose the category w | Programs—Equal Emplo all Federal agencies. Ple | yment Opportunity of the ase mark one. If you are |
| | American Indian or Alaskan Native | Persons having origins (ancestr who maintain cultural identificat | | |
| | Asian or Pacific Islander | Persons having origins (ancestr Southeast Asia, the Indian subc for example, China, India, Japan | continent, or the Pacific Isla | inds. This area includes, |
| | Black (not Hispanic) | Persons having origins (ancestr | y) in any of the black racial | groups of Africa. |
| | Hispanic | Persons of Mexican, Puerto Rica Spanish culture or origin (ances | | American, or other |
| | White | Persons having origins (ancests | y) in any of the original pec | ples of Europe, North |

For your convenience, you may either mail this form 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.