

# Supplier Diversity Registration

After completion, return form and certification to [supplierdiversity@outworx.com](mailto:supplierdiversity@outworx.com).

## Supplier Information

Company Name:	Contact Name:
Parent Company:	Contact Title:
Company Address:	Contact Phone #:
City/State/Zip:	Contact Mobile #:
Company Phone #:	Contact Email Address:
Company Fax #:	

## Company Type (Check all that apply)

<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____	<input type="checkbox"/> <b>Small Business</b> <input type="checkbox"/> Minority-Owned Business* <input type="checkbox"/> Women-Owned Business <input type="checkbox"/> Veteran-Owned Business <input type="checkbox"/> <b>Disabled Veteran-Owned Business</b> <input type="checkbox"/> Disadvantaged Business <input type="checkbox"/> <b>HUBZone Business</b> <input type="checkbox"/> Other _____	*Minority-Owned Business: <input type="checkbox"/> Black American <input type="checkbox"/> Asian Indian American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Other _____
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## Certification (Please attach proof of certification)

Have you been certified by a federal, state, municipal government, or any local / regional Business Council? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If not, are you interested in becoming certified? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Certified As: Choose an item. Other: _____	Certified By:	Certification Expiration:
Certified As: Choose an item. Other: _____	Certified By:	Certification Expiration:

## Company Information

Year Established:	Geographical Location: Choose an item. If local or regional, list specify service area:
Category: Exterior Services Other: _____	Exterior Services: Choose an item.
Description of product or services provided ( <i>attach capability statement</i> ):	

**Note:** Your information will be forwarded to the appropriate department for review and consideration. If there is interest, you will be contacted.