

D/M/WBE AND SDVOB VETTING QUESTIONNAIRE

GENERAL INFORMATION:

1. Tax ID # (or SSN) _____
Business Entity Name (the "Company") _____
Company Street Address _____
City/State/Zip _____

City/State/Zip _____
Phone Number _____ Fax Number _____
Email Address _____ Website _____
Name & Title of Person Completing this form: _____ Date _____
(Person completing MUST

11. Is the Company:

- Union Non-Union Both

12. If Company is Union, list unions that you're signatory to:

13.

17. List any active

23. YES _____ NO _____
 If yes, please provide details.

24. YES _____ NO _____
 If yes, please provide details.

25. YES _____ NO _____
 If yes, please provide details.

26. YES _____ NO _____
 If yes, please provide details.

DIVERSITY:

27.

Corporate	
Field Supervisory	
Trades People	
Other	

_____ NO _____

Owner Name	Address	Phone Number

29.

_____ NO _____

e.

_____ NO _____

nd

f.

YES _____ NO _____

37.

Supplier, Regular Dealer, Broker, Manufacturer

-

a.

BBBBB ± ° 0 p €0U` À p €

c.

d.

ATTESTATION

STATE OF _____)

) SS.:

COUNTY OF _____)

I, _____
(Name)

I am the _____ of _____, and that I
(Title) (Company Name)

belief.

Signature

Printed Name & Title

Date

_____ day of _____

Notary Public

SEAL

AFFIDAVIT OF NO CHANGE

STATE OF _____)

) SS.:

COUNTY OF _____)

On this _____ day of _____, before me personally came and appeared _____

1. I am the _____ of _____.

2.

3.

previously submitted D/M/WBE SDVOB Vetting Questionnaire (dated: _____),

