



Vendor Identification & Certification

To Our Vendors:

Please complete all sections of this form and return to our office with your executed Subcontract Agreement or as soon as possible.

- IDENTIFICATION -

1. Name _____
Address _____
Mailing _____
City _____ State _____ Zip _____

2. Employer Identification Number _____
or
Social Security Number _____

- CERTIFICATION -

3. Type of Business Entity: _____
 - a. Corporation Sole Proprietor Partnership _____
 - b. Minority Owned _____
 - c. Woman Owned _____If yes, list above certifications _____
Signature _____
Title _____
Date _____