Appendix F: Vendor Type Verification Form

Please complete the information below as it applies to you/your company. This form must be included with your proposal.

Female Owned Business – Must be 51% independently owned by female(s)  

Minority Owned Business – Must be 51% independently owned by minority(s)  

Persons with Disability Business – Must be 51% independently owned by disabled person(s)  

Combination of Above – Any combination of one or more of the three classes above which collectively represents at least 51% ownership  

Veteran Owned Business – Must be 51% independently owned by veteran(s)  

None of the above  

__________________________________________  
Representative Signature  

__________________________________________  
Date