

## **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