SUPPLIER REGISTRATION PROFILE

To submit this form, it must be **opened and completed in Adobe Acrobat**.
(Works best in Adobe Acrobat 8 or more recent.)

COMPANY INFORMATION (All fields required)

Name of Company

D-U-N-S Number

Address 1

Address 2

City

State

ZIP

Phone

Website

Year Established

Total Hourly Employees

Total Salaried Employees

Company Status

○ Private ○ Public

Diverse Classification
A valid copy of your certification(s) will be required.

- ☐ Minority Business Enterprise (MBE)
- ☐ Women-Owned Business (WBE)
- ☐ Veteran-Owned Business (VOB)
- ☐ LGBT Business Enterprise (LGBTBE)
- ☐ Women-Owned Small Business (WOSB)
- ☐ Service-Disabled Veteran-Owned Small Business (SDVOSB)
- ☐ Disability-Owned Business Enterprise (DOBE)
- ☐ Small Disadvantaged Business
- ☐ Veteran-Owned Small Business (VOSB)
- ☐ Small Business (Small)
- ☐ HUBZone Small Business
- ☐ Canadian Aboriginal

ANNUAL PURCHASE VALUE (APV)

2018: GM Sales

2018: Total Sales

2019: GM Sales

2019: Total Sales

2020 New GM Business Awards

2020 New Business Awards (Total)

% Open Capacity for New Business

How many competitive bid opportunities was your company included on in 2018 and 2019?

Continued on next page

SUBMIT FORM