

## Disabled Veteran, Minority and Woman Owned Business Declaration

Proposer hereby declares that it is a Minority/Woman Owned Business Enterprise by virtue of the following:

## Type of Business: Check applicable block(s)

\_\_\_\_ "Service Disabled Veteran"

- \_\_\_\_\_ "Black American" includes persons having origins in any of the Black racial groups of Africa.
- \_\_\_\_ "Woman-Owned Business Enterprise".
- —— "Hispanic American" includes persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins, regardless of race.
- \_\_\_\_\_ "Native American" includes American Indians, Eskimos, Alaskan Indians, Aleuts and Native Hawaiians.
- "Asian-Pacific Americans" includes persons whose origins are from Japan, China, Taiwan, Korea, Southeast Asia, the Philippines, Samoa, Guam, the U.S. Trust Territories of the Pacific, and Northern Marianas.

Note: MBE and WBE are defined by Federal Register 49 CFR, Part 23, as a business firm which as at least fifty-one percent (51%) owned by minority or women group members, or in the case of a publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by the minority or woman. The minority or woman ownership must exercise actual day to day management and control of the business.

Proposer:

Certified by (name of Public Entity, if applicable)

City: County:

State: Zip Code

Certificate Number: ( Attach copy)

Signature: Date:

Minority and Woman Owned Businesses (M/WBE) shall complete this page, and return with their submittal.