

**Supplier Diversity**

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Please Complete The Following Information If You Are A Certified Diversity Owned Business:

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**What type of products or services do you provide?**

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**Business Classification / Ownership: (Check one)**

- Women
- Veteran
- Minority
- LGBTIQA+

**Ownership Ethnicity: (Check one)**

- African American
- Asian Pacific American
- Hispanic American
- Asian Indian American
- Native American
- Caucasian

**Certificate Number:** \_\_\_\_\_ **Certificate Expiration Date:** \_\_\_\_\_

**Please select your company's certification(s) and attach a copy of your "current" certificate(s):**

- NMSDC** (National Minority Supplier Development Council)
- NVBDC** (National Veteran Business Development Council)
- NaVOBA** (National Veteran Owned Business Association)
- VOSB** (Veteran Owned Small Business)
- SDVOSB** (Service Disabled Veteran Owned Small Business)
- WBENC** (Women's Business Enterprise National Council)
- NWBOC** (National Women Business Owners Corporation)
- USWCC** (U.S. Women's Chamber of Commerce)
- WOSB** (Women Owned Small Business)
- EDWOSB** (Economically Disadvantaged Women Owned Small Businesses)
- NGLCC** (National LGBT Chamber of Commerce)
- HUB** (Historically Underutilized Business)
- SDB / DBE** (Small Disadvantaged Business / Disadvantaged Business Enterprise)

**\*Please email completed form with current certificate to [pday@turner-industries.com](mailto:pday@turner-industries.com)\***