Disadvantaged Business Certification Form

Business Information

Business Name: _____

Business Address: _____

City/State/Zip: _____

Contact Person: _____

Contact Phone: _____

Contact Email: _____

Disadvantaged Business Status

Note: There is a 0% DBE contract goal for this specific procurement.

Is your business currently certified as a Disadvantaged Business Enterprise (DBE)?

☐ Yes

☐ No

Gross Receipts Information

Please select the applicable gross receipts bracket for the business.

Reporting Period (Year): _____

Annual Gross Receipts Range: Less than $1 million _____

NAICS Code

Enter the code most applicable to the scope of work the business is seeking to perform in its bid.

NAICS Code: 48-49 Transortation and Warehousing

Authorized Signature

_____
Signature

_____
Date

_____
Printed Name

_____
Title