



**Subcontractor Diversity Questionnaire**

The following information is being requested in support of our Supplier Diversity Program. A. A. Duckett is required to maintain certification of Business Size and Ownership from all of their suppliers. Your participation in reporting this information is important for ensuring successful relationships among all members of the business community.

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SECTION I: COMPANY PROFILE**

**A. Type of Ownership:**     Corporation     Partnership     Proprietorship     Other

**B. Number of years in Business:** \_\_\_\_\_

**SECTION II: DBE INFORMATION**

**A. Classification of Disadvantaged Business Enterprise (DBE):** (Please check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> DBE - Disadvantaged Business Enterprise  | <input type="checkbox"/> SDE - Small Disadvantaged Business              |
| <input type="checkbox"/> DSBE - Disabled Business Enterprise  | <input type="checkbox"/> SDVOB - Service-Disabled Veteran-Owned Business |
| <input type="checkbox"/> HUBZone - Historically Underutilized Business  | <input type="checkbox"/> VOB - Veteran-Owned Business                    |
| <input type="checkbox"/> LGBT - Lesbian, Gay, Bisexual and/or Transgender-Owned Business Enterprise                                       | <input type="checkbox"/> WBE - Women-Owned Business Enterprise           |
| <input type="checkbox"/> MBE - Minority-Owned Business Enterprise   | <input type="checkbox"/> WOSB - Women-Owned Small Business Enterprise    |
| <input type="checkbox"/> SBE - Small Business Enterprise  | <input type="checkbox"/> 8(a) Certified Small Business Program           |
| <input type="checkbox"/> <b>NOT</b> a Disadvantaged Business Enterprise / A business that <u>is not</u> one of the above classifications. |  |

**B. Certification:** If applicable, please indicate the agency from which your company has been certified and attach a copy of your certification. **Copy of certification is required.**

- Small Business Administration (SBA)
- National Minority Supplier Development Council (NMSDC)
- Women's Business Enterprise National Council (WBENC)
- National Gay & Lesbian Chamber of Commerce
- U.S. Department of Veteran Affairs
- Other
- Other

Certificate Number	Expiration Date

**SECTION III: AUTHORIZATION**

I hereby certify that the information supplied in this form is complete and correct to the best of my knowledge and belief. I authorize A. A. Duckett. to verify any of this information as needed.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Response You Can Depend On*

*<http://www.aaduckett.com>*

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