



Littler Mendelson, P.C.
333 Bush Street, 34th Floor
San Francisco, CA 94104

SUPPLIER PROFILE

MINORITY-OWNED BUSINESS—A business that is at least 51% owned by one or more minority group member(s), or a public-owned business, whereas at least 51% of the stock and daily business management, operations and control is performed by one or more of such group member(s).

IS YOUR BUSINESS MINORITY OWNED? Yes No If yes, please indicate ethnic origin:
African American Hispanic American
Native American Asian/Pacific American
Asian/Indian American Other

LESBIAN, GAY, BISEXUAL, and/or TRANSGENDER BUSINESS—A business that is at least 51% owned, operated, managed and controlled by an LGBT person or persons.

ARE YOU A LESBIAN, GAY, BISEXUAL and/or TRANSGENDER BUSINESS? Yes No

WOMEN-OWNED BUSINESS—A business that is at least 51% owned by one or more women, or as a public-owned business, at least 51% of the stock and daily business management, operations and control is performed by one or more women.

ARE YOU A WOMEN-OWNED BUSINESS? Yes No

DISABILITY-OWNED BUSINESS—A business must be at least 51% owned, operated and controlled by one or more disabled persons who are U.S. citizens.

ARE YOU A DISABILITY-OWNED BUSINESS? Yes No

VETERAN-OWNED BUSINESS—A business must be at least 51% owned, operated and controlled by one or more Veterans who are U.S. citizens and served in the active military, naval or air service

ARE YOU A VETERAN-OWNED BUSINESS? Yes No



MINORITY-OWNED BUSINESS CERTIFICATION—Is your business presently certified as a minority-owned or women-owned business with the National Minority Business Council (NMBC), the Small Business Administration, or an affiliated Council of the National Minority Supplier Development Council (NMSCD), or any other government agency?

Yes

No

Name of Certifying Agency:

(Please attach a copy of the certificate)

LESBIAN, GAY, BISEXUAL, and/or TRANSGENDER BUSINESS CERTIFICATION—Is your business presently certified as a LGBT owned business with the National Gay and Lesbian Chamber of Commerce (NGLCC), or any other government agency?

Yes

No

Name of Certifying Agency:

(Please attach a copy of the certificate)

WHAT IS YOUR BUSINESS GEOGRAPHIC COVERAGE AREA? National Local Both

PRODUCT & SERVICE—Please indicate below the product or service your company provides (please be brief, but specific).

I certify the information contained in this form is correct:

Name:
(print or type)

Signature:

Company Name:

Title:

Date:

Address:

Fed. ID#:

D & B #:

Phone:

Fax:

