



Supplier Diversity Registration Form

In support of STAFFusion's Supplier Diversity Policy we require business size classifications to accurately report our diversity initiatives. We appreciate your cooperation and ask that you provide the following information.

BUSINESS INFORMATION

Business Name*

DBA (if different from above)

Address*

City* State* Zip*

Remittance Address (if different)

City State Zip

Contact Name & Title*

E-mail* Fax

Main Phone* Cell Website

D&B (D-U-N-S) Number Cage Code

Annual Revenue Number of Employees*

BUSINESS CLASSIFICATIONS (Check ALL that apply)*:

Please refer to <http://www.sba.gov/tools/size-standards-tool> for definitions of Small, Socially and Economically Disadvantaged Businesses.

Foreign (FB) [Do not check if business has a US remittance address]

Large Business (LB) [Business size is determined by NAICS and number of employees and/or annual sales. For more information, refer to www.sba.gov/size]

Small Business (SB)

Small Disadvantaged Business (SDB)

Minority Business Enterprise (MBE)

Women Business Enterprise (WBE)

Women-Owned Small Business (WOSB)

Economically Disadvantaged Women Owned Small Business (EDWOSB)

8(a) Certified Business

Disadvantaged Business Enterprise (DBE)

Veteran Owned Business (VBE)

Service Disabled Veteran Owned Business (DVBE)

Historically Black College and Universities (HBCU)

Historically Underutilized Business Zone (HUB Zone)

GLBT Business Enterprise

Alaskan Native Corporation (ANC)

AbilityOne Program (JWOD)

Disabled Owned Business

SAM (System for Award Management) <http://www.sam.gov>

Enter Expiration Date
mm/dd/yyyy

NAICS: <http://sba.gov> *Please list up to Top 5*

NAICS #1	NAICS#2	NAICS#3	NAICS#4	NAICS#5
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CERTIFICATIONS *(Please enter all certifications below, examples: SBA, NMSDC, WBENC, CPUC, etc.)*

Certifying Agency	Certificate Number	Certificate Expiration Date <i>mm/dd/yyyy</i>
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I certify that: Should there be any changes whatsoever I will inform STAFFusion immediately. If a business size change occurs I will submit a new form. By completing and signing this form I certify that the information given is current, complete, and accurate as of the date signed.

**Electronic
Signature*:**

Date*:
mm/dd/yyyy

*Please save this form as a PDF and email to
lisa@staffusion.us*