

# Supplier Diversity Program



Use this form to let us know you are interested in registering your business with us as a small, diverse business.

## Which of the following apply to your business?

<b>A Woman-Owned, Small Business</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>A certified HUBZone, Small Business</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>A Certified Small Disadvantaged Business</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>An 8(a), Small Business</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>An American-Indian Owned Small Business?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>A Veteran Owned Small Business</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Service Disabled Veteran Owned Small Business</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name of Key Contact \_\_\_\_\_

Today's Date \_\_\_\_\_ Date Company Was Established \_\_\_\_\_

Legal Name of Company \_\_\_\_\_

Services Offered \_\_\_\_\_

Service Territory \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Internet Address \_\_\_\_\_ Contact Email \_\_\_\_\_

### Please return this form to

Keystone Peer Review Organization, Inc.  
717.564.8288  
[purchasing@kepro.com](mailto:purchasing@kepro.com)