

Small & Disadvantaged Business Survey

Romac Industries, Inc. tracks our use of small and disadvantaged suppliers. Please indicate which category your company falls under. If you are classified as a Small, Women Owned, or Disadvantaged business, please indicate your certification type.

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| Are you (Check All that Apply): |
| <input type="checkbox"/> Large Business Enterprise |
| <input type="checkbox"/> Women-Owned Business Enterprise |
| <input type="checkbox"/> Small Business (Including ANC's and Indian Tribes) |
| <input type="checkbox"/> Veteran-Owned Small Business |
| <input type="checkbox"/> Service-Disabled Veteran-Owned Small Business |
| <input type="checkbox"/> HUB Zone Small Business |
| <input type="checkbox"/> Small Disadvantaged Business (Including ANC's and Indian Tribes) |
| <input type="checkbox"/> Women-Owned Small Business |
| ____ Affiliate of ____ Division of ____ Subsidiary of _____ Parent Company Parent address, City/State/ZIP: _____ _____ |

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|---|
| CERTIFICATION AGENCY |
| <input type="checkbox"/> NMSDC (National Minority Supplier Development Council) |
| <input type="checkbox"/> WBENC (Women's Business Enterprise National Council) |
| <input type="checkbox"/> SBA (Small Business Administration) |
| <input type="checkbox"/> State/Local Certification |
| <input type="checkbox"/> Other (Please specify) |

Name of Entity Contracting with Romac Industries, Inc.

By: _____
Signature of Contractor's Authorized Representative

Title of Contractor's Authorized Representative

Address of Contractor

Date of Execution