Bridgewell Resources LLC VENDOR DIVERSITY PROGRAM

APPLICANT INFORMATION		
Company Name:		
DBA NAME:	TAX ID Number:	Phone:
Mailing address:		
City:	State:	ZIP Code:
E-Mail:		
DIVERSITY CLASSIFICATIONS – SELECT ALL THAT APPLY		
Select all that apply:		
☐ Minority Owned Business (If yes, please select from following):		
□ Alaska Native Owned□ Native American Tribe□ Women Owned Busine		□ Native Hawaiian Owned□ Tribally Owned□ Other
□ Veteran Owned		
□ Service-disabled Veteran		
□ HUBZone Business		
☐ Disadvantaged/Disabled Person owned Business		
Are you a Certified Diverse Company? □ Yes □ No		
Diversity Certifications: (Check any that apply and provide dated copies of certificates):		
 □ National Minority Supplier Development Council □ US Small Business Administration □ Disadvantaged Business Enterprise □ Women's Business Enterprise National Council □ Small Disadvantaged Business □ Historically Underutilized Business □ Other 		
Type of Business: (Please select one):		
 □ Building materials □ Industrial building products □ Poles and pilings □ Crane mats □ Food products □ Agricultural products □ Trucking □ Miscellaneous consumer products □ Renewable resources (biomass, solar) □ Other 		
PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR COMPANY'S PRODUCTS / SERVICES		

Please submit your completed form and applicable, dated copies of certificates by email to: vendordiversity@bridgewellres.com
www.bridgewellvendordiversity.com