$\qquad$
＊City： $\qquad$ ＊State： $\qquad$ ＊Zip Code： $\qquad$
Website Address： $\qquad$ Email： $\qquad$
＊Contact Name： $\qquad$ ＊Position or Title： $\qquad$
＊Phone： $\qquad$ Fax： $\qquad$

## Identification as a Disadvantaged Business Enterprise

$51 \%$ Ownership and Management of the company is controlled by：

| Female： | OYes | 〇No |
| :--- | :--- | :--- |
| African American： | 〇Yes | 〇No |
| Not Applicable |  |  |
| Asian American： | 〇Yes | 〇No |
| White： | 〇Yes | 〇No |
| Hispanic： | 〇Yes | 〇No |
| American Indian： | 〇Yes | 〇No |
| Other： | OYes | 〇No |

＊First year of business： $\qquad$

Gross revenue for the past three years，or the business income if established less than three years：

Year $\qquad$ \＄ $\qquad$
Year $\qquad$ \＄ $\qquad$
Year $\qquad$ \＄

Please complete this registration form and return by fax or email： Fax：251．580．2536 Email：purchasing＠baldwincountyal．gov

[^0]
[^0]:    ＊fields are required

