



Small Business and Diverse Supplier Annual Certification Form

Instructions:

1. Complete the form
2. Sign and date the form
3. Submit via fax to (607) 255-9450 or via email to procurement@cornell.edu

Vendor Number: _____ (Optional)

Business Name:

Legal Name: _____ (As it appears on your tax

return) DBA Name: _____ (If applicable)

Supplier Diversity Information: [Check all that apply.](#)

Minority Owned

New York State Certified MBE

Woman Owned

New York State Certified WBE

Veteran Owned

New York State Certified Disabled Veteran

Disabled Veteran Owned

Disabled

Hub Zone

LGBTQ

Small Business

Small Disadvantaged Business

8(A)

Signature: To complete this annual certification, you must sign, date, and submit this form.

Certified by:

Name: _____ (Please print)

Signature: _____

Title: _____ Date: _____