



## VENDOR INFORMATION

Please complete the sections below for your business. When selecting your “*Business Ownership Classification*”, your business must be owned, managed and controlled by at least 51% of the business ownership classification category in order to make that selection. This form may be completed electronically on the EAA website, or if printed and completed, please return the form to the Financial Services Department at the address below. **Please do not email any forms to the EAA.**

If you have any questions regarding this form, please contact the Contract & Business Diversity Administrator II at (210) 447-5121 or via email at [contracting@edwardsaquifer.org](mailto:contracting@edwardsaquifer.org).

The EAA encourages all businesses that fall into the Minority/Woman/Veteran/Disabled owned categories listed below to become certified by the South Central Texas Regional Certification Agency. For more information, please contact 210-227-4722 or visit [www.sctrca.org](http://www.sctrca.org).

NAME OF BUSINESS			
ADDRESS	Number & Str.	City	State Zip Code
CONTACT NAME			
PHONE NUMBER		FAX NUMBER	
E-MAIL ADDRESS			
WEBSITE ADDRESS			
BUSINESS OWNERSHIP CLASSIFICATION – CHECK <b><u>ALL</u></b> THAT APPLY			
<input type="checkbox"/> Minority Owned – African American <input type="checkbox"/> Minority Owned - Native American <input type="checkbox"/> Woman Owned <input type="checkbox"/> Disabled Individual Owned <input type="checkbox"/> Government Agency		<input type="checkbox"/> Minority Owned – Asian American <input type="checkbox"/> Minority Owned - Hispanic <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Non – Minority Owned	
CERTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No			
CERTIFYING AGENCY NAME			
NIGP CODES (maximum of 5): If you are not sure what NIGP codes apply to you, please visit: <a href="https://comptroller.texas.gov/purchasing/nigp/">https://comptroller.texas.gov/purchasing/nigp/</a>			
BUSINESS DESCRIPTION:			
REFERRED BY EAA STAFF? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, EAA STAFF NAME:			

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Printed Name of Authorized Official

\_\_\_\_\_  
Date