

Marquette University
Diversity Business Subcontractor Participation Form

Project Name _____

This form must be completely filled out and signed below by diversity business owner/operator.

Subcontractor Name: _____

Prime Contractor Name: _____

Subcontractor Address: _____

Subcontractor Contact Person: _____ **Phone:** _____ **Fax:** _____

MBE _____ **WBE** _____ (Check all that apply)

CERTIFICATION: State ___ Fed ___ NMSDC ___ Other ___

Description of work to be completed/material to be supplied:

Subcontractor \$ Value: _____

The above information is factual and complete to the best of my knowledge.

Signature: _____
Subcontractor Owner/Operator

Supplier # _____ (Office Use Only)

(revision 2-6-2009)

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