

**Duke University / Duke University Health System
Diverse Vendor Ownership Self-Certification Form**

This form must be completed and returned by vendors interested in performing as a vendor with Duke University and Duke University Health System, indicating their diverse status. The submission of this document does not guarantee the vendor a business award, but will enable the vendor to be included in Duke's diverse vendor database.

DUNS #: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Primary Contact: _____

Email Address: _____

Website Address: _____

Phone: _____ **Fax:** _____

DIVERSE CLASSIFICATION:

_____ Woman-Owned Business

_____ Minority-Owned Business

_____ Veteran-Owned Business

_____ Other: Specify _____

Are you currently or have you previously provided goods/services to Duke? ___YES___NO

Date of last transaction: _____

Products/Services Provided: _____

Brief narrative and general nature of business: _____

List of any third-party, diverse certifications below:

Signature and Title

Date

Please submit completed forms to Chandra at CNL8@duke.edu or (919) 681-6460 (fax).