

## Supplier Diversity Questionnaire

Master Security Company, LLC conducts business with agencies of the Federal Government and is required to report on the Size and Diversity of its supplier base on an annual basis. Accordingly, as a valued supplier to Master Security, this questionnaire has been sent to you to assist us in our reporting responsibilities as a federal contractor.

Please complete, sign and return this form via email to <u>SupplierDiversity@mastersecurity.us</u> or via mail to: Master Security Company, LLC 10946 Beaver Dam Rd, Suite D, Hunt Valley, MD 21030, ATTN: Supplier Diversity.

BUSINESS NAME:		FEIN#
INDUSTRY:	NAI	CS CODE:
TAX CLASSIFICATION: (Please check	one of the following)	
C CORPORATION		
S CORPORATION		
PARTNERSHIP		
SOLE PROPRIETOR or S	SINGLE MEMBER LLC	
LIMITED LIABILITY COM	MPANY (Note tax classificat	ion)
C = Corp	poration, S = S Corporation,	P = Partnership
STREET ADDRESS:		
CITY:	STATE	ZIP CODE:
CONTACT PERSON and TITLE:		
PHONE:EN	1AIL:	
WEBSITE ADDRESS:		

SIGNATURE:\_\_\_\_\_\_

DATE:

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### (CONTINUED)

Listed below are some widely used designation of diversity that can be certified by third party agencies. Whenever possible, please provide copies of any applicable certifications. <u>If your</u> business is not certified, please still answer in the way you would like to represent your business.

If you are unsure if your business meets the requirements of any of the following categories, please consult the applicable certifying agency. For current Small Business Administration (SBA) size standards, please go to <a href="http://www.sba.gov/size">http://www.sba.gov/size</a>.

#### Check all that apply:

\_\_\_\_ LARGE BUSINESS \_\_\_\_ SMALL BUSINESS \_\_\_\_ HUB ZONE BUSINESS

\_\_\_\_\_ SMALL DISADVANTAGED BUSINESS

Check if your business is at least 51% owned, controlled, and managed by any of the following:

\_\_\_\_ MINORITY PERSON(S) \_\_\_\_ WOMAN/WOMEN \_\_\_\_ VETERAN(S)

\_\_\_\_\_ SERVICE-DISABLED VETERAN(S) \_\_\_\_\_ WHITE/CAUCASIAN

#### If Minority-Owned, please check:

\_\_\_\_ ASIAN \_\_\_\_ BLACK/AFRICAN AMERICAN \_\_\_\_ LATINO/HISPANIC

\_\_\_\_\_NATIVE AMERICAN/ALASKA NATIVE \_\_\_\_\_NATIVE HAWAIIAN/PACIFIC ISLANDER

\_\_\_\_\_ OTHER\_\_\_\_\_\_