BUSINESS DESIGNATION - US

US ONLY

Cisco actively solicits Small Business, Veteran-Owned Small Business, Service-Disabled Veteran-Owned Small Business, HUBZone Small Business, Small Disadvantaged Business, Women Owned Small Business, Disabled Veteran-Owned Small Business, Minority-Owned Business, and Women-Owned Business Concerns/Enterprises to provide them with the maximum practicable opportunity to supply goods or services to Cisco. Under applicable law, Cisco Systems is required to have all suppliers certify their business size and diversity status. Please submit a copy of your diversity certificate(s).

Supplier Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Email: _____

Telephone Number: _____Fax Number: _____

Product/Services: _____

Please Select One:

- Large Business Enterprise YES: ☐ NO: ☐
- Small Business YES: ☐ NO: ☐
- Government or Non Profit YES: ☐ NO: ☐
- Foreign-Owned Business Enterprises YES: ☐ NO: ☐
- Other YES: ☐ NO: ☐

Please check all that apply:

- Woman-Owned Business YES: ☐ NO: ☐
- Minority-Owned Business YES: ☐ NO: ☐
- Veteran-Owned Business YES: ☐ NO: ☐
- Service-Disabled-Veteran Owned Business YES: ☐ NO: ☐
- Disadvantaged Business YES: ☐ NO: ☐
- HUBZone Small Business YES: ☐ NO: ☐
- Other YES: ☐ NO: ☐

BUSINESS DESIGNATION - US
(continued)

Please check all that apply:

- African-American-Owned Business YES: ☐ NO: ☐
- Subcontinent-Asian-American-Owned Business YES: ☐ NO: ☐
- Native-American-Owned Business YES: ☐ NO: ☐
- Asian-Pacific-American-Owned Business YES: ☐ NO: ☐
- Hispanic-American-Owned Business YES: ☐ NO: ☐
- Other YES: ☐ NO: ☐

Name: _____ Title: _____

Signature: _____Date:_____