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**MWBE Vendor Information**

**Diversity Programs**  
Metropolitan St. Louis Sewer District  
2350 Market Street  
St. Louis, MO 63103  
Phone (314) 768-6357 ~ FAX (314) 768-2760  
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**\* Please print or type all information \***

<b>Company Name:</b> <small>(As filed on Business License)</small>		
<b>Mailing Address:</b> <small>(Must also give a street address if a P.O. Box is listed) Include City &amp; State</small>		
<b>Principal / Owner:</b> <small>(Name &amp; Title)</small>		
<b>Contact:</b> <small>(Name &amp; Title)</small>		
<b>Primary Phone:</b> <b>7 Y`D\ cbY.</b> <b>Alternate Phone:</b>		
<b>Fax:</b>		
<b>E-Mail:</b>		
<b>Web-Site Address:</b>	http://	
<b>Business Description:</b>		
<b>MBE</b> Minority Business Enterprise	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Select One)</small>	<b>Note:</b> If you selected "YES" <b>you must</b> attach a copy of your certification certificate or letter of approval from a qualified certification agency.
<b>WBE</b> Woman Owned Business Enterprise	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Select One)</small>	<b>Note:</b> If you selected "YES" <b>you must</b> attach a copy of your certification certificate or letter of approval from a qualified certification agency.
<b>DBE</b> Disadvantaged Business Enterprise	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Select One)</small>	<b>Note:</b> If you selected "YES" <b>you must</b> attach a copy of your certification certificate or letter of approval from a qualified certification agency.

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_