



**BUSINESS PROFILE FORM**

**I. COMPANY INFORMATION:**

Name of Company \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name/Title of Contact Person \_\_\_\_\_  
 Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Federal ID Number \_\_\_\_\_ Approved SIC/NAICS Code(s) \_\_\_\_\_  
 Type of Firm and Year Started:  
 \_\_\_\_\_ Sole Proprietorship/Year \_\_\_\_\_ Joint Venture/Year \_\_\_\_\_  
 \_\_\_\_\_ Partnership/Year \_\_\_\_\_ Other/Year \_\_\_\_\_  
 \_\_\_\_\_ Corporation/Year \_\_\_\_\_ (Specify) \_\_\_\_\_

**II. OWNERSHIP INFORMATION:**

**Race/Ethnicity:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
 \_\_\_ African American \_\_\_\_\_ Hispanic American  
 \_\_\_ Native American \_\_\_\_\_ Asian Pacific \_\_\_\_\_ Women-owned  
 \_\_\_ Asian American  
 \_\_\_ Other Nationality (Specify) \_\_\_\_\_

**Must provide proof company is at least 51% owned.**

**III. SMALL BUSINESS INFORMATION:**

Products and/or Services \_\_\_\_\_  
 Number of Employees \_\_\_\_\_  
 Gross Sales for Past Three Years \_\_\_\_\_  
 \_\_\_ 3 Years Ago \$ \_\_\_\_\_ 2 Years Ago \$ \_\_\_\_\_  
 \_\_\_ 1 Year Ago \$ \_\_\_\_\_ Average Sales \$ \_\_\_\_\_  
 Geographic Area Serviced: \_\_\_\_\_

**IV. CERTIFICATION:**

Please provide information about any Minority, Women-owned or Small Business certifications currently held by your company from the following:

City \_\_\_\_\_  
 State \_\_\_\_\_  
 Federal \_\_\_\_\_  
 Business Development Councils \_\_\_\_\_  
 Small Business Administration \_\_\_\_\_  
 Other \_\_\_\_\_

*A copy of any certificate or other documentation should be returned with this profile.*

**V. ACKNOWLEDGEMENT:**

The undersigned acknowledges that the above information is true and accurate.

\_\_\_\_\_  
 (Printed Name) (Title)

\_\_\_\_\_  
 (Signature) (Date)

**Return to:** Carl Tietjen, Corporate Contracts Administration, University of Maryland Medical System, 22 South Greene Street - PP7, Baltimore, MD 21201-1595 Fax: 410-328-6127