



**VENDOR QUESTIONNAIRE**

**Only requires completion by MBE, WBE, PDBE, or VOSB Vendors**

If you are a Minority-Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Persons with Disabilities-Owned Business Enterprise (PDBE), or a Veteran-Owned Small Business (VOSB), please complete and return the below form to PoDesk@AquaAmerica.com. Completion of this questionnaire allows Aqua to continue its efforts to increase opportunities for diversity vendors.

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact & Title \_\_\_\_\_ Email: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Commodity \_\_\_\_\_

**SECTION I: COMPANY PROFILE**

A. Type of Ownership:  Proprietorship  Partnership  
Corporation Other

B. Number of years in Business: \_\_\_\_\_

**SECTION II: DBE INFORMATION**

**A. Classification of Disadvantaged Business Enterprise (DBE)**

An MBE/WBE/PDBE/VOSB is a business enterprise that meets one of the below requirements: (Please check the appropriate box)

- Minority-Owned Business Enterprise (MBE)* – A business that is at least 51 percent owned by one or more minorities. A person who is a U.S. citizen or lawful permanent resident and is African American, Hispanic American, Asian American, Native American, as well as other groups found to be disadvantaged pursuant to Section 8 (a) of the Small Business Act.
- Women-Owned Business Enterprise (WBE)* - A business that is at least 51 percent owned by a woman or women who are United States Citizens or lawful permanent residents of the United States.
- Persons with Disabilities-Owned Business Enterprise (PDBE)* - A business that is at least 51 percent owned by a person or group of persons with a disability, as recognized by the Americans with Disabilities Act, or as defined by the Commonwealth of Pennsylvania, Governor’s Office, Management Directive 205.25 Amended.
- Veteran-Owned Small Business (VOSB)* - A business that is at least 51 percent owned by one or more veterans who are United States Citizens or lawful permanent residents of the United States.

**B. Certification:**

List agencies, institutions or major corporations which have certified your firm as a MBE/WBE/PDBE/VOSB (e.g. Regional Minority Purchasing Council, City of Philadelphia, PA Dept. of Transportation, etc.)

Agency/Institution

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Approval Date \_\_\_\_\_

Agency/Institution

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Approval Date \_\_\_\_\_

**SECTION III: AUTHORIZATION**

I hereby certify that the information supplied in this form is complete and correct to the best of my knowledge and belief. I authorize Aqua America, Inc. to verify any of this information as needed.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

PLEASE RETURN THIS COMPLETED FORM  
TO:

[PoDesk@AquaAmerica.com](mailto:PoDesk@AquaAmerica.com)

An Equal Opportunity Employer