

Please fill out the application as completely as possible and send to:

Attn: Supplier Diversity  
Kyocera Communications, Inc.  
9520 Towne Centre Drive  
San Diego, CA 92121



**KYOCERA WIRELESS SUPPLIER APPLICATION**

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Is this a first-time application or a status change?

First Time  Status change

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

**Business Address**

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

Postal Code \_\_\_\_\_

**Contact Information**

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

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

E-Mail Address \_\_\_\_\_

Company Website \_\_\_\_\_

**Business Classification** (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Small Business Concern (SB)              | <input type="checkbox"/> Small Disadvantaged Business (SDB)  |
| <input type="checkbox"/> Woman-Owned Small Business (WOSB)        | <input type="checkbox"/> Veteran-Owned Small Business (VOSB) |
| <input type="checkbox"/> HUBZone Small Business Concern (HUBZone) | <input type="checkbox"/> Minority Business Enterprise (MBE)  |
| <input type="checkbox"/> Woman Business Enterprise (WBE)          | <input type="checkbox"/> None                                |
| <input type="checkbox"/> Other (Please specify) _____             |  |

**Third-party agency that provided your certification**

- |   |   |
|---|---|
| <input type="checkbox"/> National Minority Supplier Development Council (NMSDC) | <input type="checkbox"/> Local Government (List City or County)   |
| <input type="checkbox"/> Regional Minority Supplier Development Council (MSDC)  | <input type="checkbox"/> State Government (List State)            |
| <input type="checkbox"/> Women's Business Enterprise National Council (WBENC)   | <input type="checkbox"/> U.S. Small Business Administration (SBA) |
| <input type="checkbox"/> Other _____  |   |

**Certificate Information**

Certificate Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Expiration (if any) \_\_\_\_\_

# Company Info

Are the Headquarters Based in the U.S.?  Yes  No

Business Ownership Ethnicity:  African American  Hispanic American  Asian Indian-American  
 Asian American  Native American  
 Other (please specify) \_\_\_\_\_

Percent Ownership: \_\_\_\_\_

Is Business Owner a U.S. Citizen or Legal Resident Alien?  Yes  No

Business Size:  Large  Medium  Small

Number of Employees: \_\_\_\_\_

Year Incorporated: \_\_\_\_\_

Current Gross Annual Sales: \_\_\_\_\_

North American Industry Classification System (NAICS) Code(s): \_\_\_\_\_

What services or products does your company provide?

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Comments:

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