



Dear Sir/Madam:

As you are aware, the Department of Social and Economic Mobility Office of Minority Business Enterprise maintains an online directory of certified Minority Business Enterprise (MBE) firms. Your listing includes the option to name up to three professional references. This is not a mandatory requirement. It is, however, an opportunity to enhance your listing and provide valuable information to those seeking services from MBE firms.

If you choose to submit references, complete the reference data information form on the reverse side of this letter and return it by mail, email, or fax as identified below. Please note, the form must be signed.

Office of Minority Business Enterprise  
7201 Corporate Center Drive  
Hanover, MD 21076  
FAX: 410-865-1309  
Email: [mbe.dosem@maryland.gov](mailto:mbe.dosem@maryland.gov)

Don't hesitate to contact our office at 410-865-1269 if you have any questions.

**REFERENCE DATA**  
**CERTIFIED MINORITY/DISADVANTAGED BUSINESS ENTERPRISE FIRMS**

Name of Firm: \_\_\_\_\_

Certification Number: \_\_\_\_\_

Reference Information:

    Company Name: \_\_\_\_\_

    Address: \_\_\_\_\_

    City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

    Contact Person: \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_

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

    Address: \_\_\_\_\_

    City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

    Contact Person: \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_

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

    Address: \_\_\_\_\_

    City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

    Contact Person: \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_

By signing and submitting this document, I affirm that I am authorized by \_\_\_\_\_ (Name of Firm) to make these statements on its behalf. I also affirm that these statements are true and correct to the best of my knowledge, information, and belief. By providing this information, I agree on behalf of \_\_\_\_\_ (Name of Firm) to permit the State of Maryland to publish this information both electronically and in print, and release and discharge the State of Maryland, its departments, officers, agents, and employees from any claim, suit, judgement, expenses, damages, and costs of any kind arising out of or resulting from errors, omissions, or negligent acts relating to our concerning the publication of the information provided.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

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