

US Business Leadership Network®  
Disability Supplier Diversity Program<sup>SM</sup>  
1501 M Street NW, Seventh Floor  
Washington, DC 20005



**Disability Status Qualifier Supplemental Form**

This document is intended to provide greater context of your selected and submitted Disability Status Qualifier Document(s) to the certification committee which will be reviewing your application.

If you have included more than one Disability Status Qualifier, please number each document and corresponding Supplemental form.

**NOTE:** You do not have to submit this form if your chosen Disability Status Qualifier is the USBLN® Physician's Certification of Disability Form.

1. Description of Disability Status Qualifier Document: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Explanation of your relationship to the entity which issued the document: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Contact information for the issuing entity for validation of document authenticity:
  - a. Name of Entity: \_\_\_\_\_
  - b. Name of Contact at Entity: \_\_\_\_\_
  - c. Address of Entity: \_\_\_\_\_
  - d. Telephone of Contact: \_\_\_\_\_
4. Any additional information to explain document: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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