

AGREEMENT OF DEFINITION AND STATEMENT OF BUSINESS CLASSIFICATION

All eligible minority, women, and small veteran (veteran, disabled veteran, service-disabled veteran) business enterprises (MWVBEs) must be independently owned, operated and controlled by minorities, women, or veterans. The ownership must be real, substantial and continuing. The owners shall enjoy the usual and customary incidents of ownership, possessing the power and authority to direct or cause the direction of management and company policies on a daily basis.

The company shall not be subject to any formal or informal restrictions through by-law provisions, partnership agreements, charter requirements or any other form, written, unwritten or oral including, but not limited to, voting rights, ultimate power and authority to hire and fire personnel, buy-out rights, and exclusion from participation or ineligibility to participate in a "federal healthcare program" or in any other governmental payment program and has not been barred from participating in any governmental programs and is otherwise, to the best of the company's knowledge, after due inquiry, in compliance with all federal, state and local statutes and laws, ordinances and regulations applicable to it. The company agrees to notify Novation promptly at any time it is so prohibited. Joint ventures will be reviewed and evaluated individually. The company will make its manufacturing and packaging facilities available for inspection from time to time by Novation representatives, but only during reasonable business hours and upon reasonable notice.

Please furnish the information requested below if you qualify and desire to register in Novation's Supplier Diversity Program.

Company Name: _____
 Major Product(s)/Service(s): _____
 Contact: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Fax: _____
 E-mail address: _____

Please check all categories that apply:

1. Minority Business Enterprise
 Black/African-American Hispanic-American Asian American and Pacific Rim Islander
 Native American or Alaskan
2. Women Business Enterprise
3. Small Veteran Business Enterprise Disabled Veteran Service Disabled Veteran
4. Number of Employees: _____
5. Annual Company-wide Sales Dollars (include year reference): _____
6. Type of Business:
 Distributor with Inventory Manufacturer Service Broker Other
 Explain: _____
7. Type of Ownership:
 Corporation Partnership Sole Proprietorship

The foregoing company is in agreement with Novation's definition of a minority, woman, or small veteran-owned business as stated above and attest that the information provided here is true and accurate.

Name: _____
 Title: _____
 Date: _____

Please fax this agreement and a copy of your minority or woman business enterprise certificate, State or National veteran certificate or DD Form 214 to (972) 581-5038 or mail to: LaSheia Strong, program manager, Supplier Diversity, Novation, 125 E. John Carpenter Freeway, Irving, TX 75062-2324.