



# **Equal Employment Opportunity and Nondiscrimination Program and Statement of Compliance**

***Submitted to:***

Equal Opportunity Program Manager  
San Diego Unified Port District

***Submitted by:***

Name of Business: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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