

APPLICATION FOR STATE CERTIFICATION

Thank you for your interest in applying for state certification. We ask that you carefully complete each question. If a question is not applicable, simply answer that it is not applicable. Submit all documentation requested and cooperate with our staff should we have questions or need clarification. Your cooperation in this matter allows our certification staff to review complete applications and render a prompt decision.

A **NON-REFUNDABLE** application as outlined below, payable to OMWBE, must be included in order to process this application. If you have any questions about this application or the application process, call OMWBE at (360) 664-9750 or Toll Free (866) 208-1064 and ask to speak with the Technical Assistant.

The overall program maximum for state certified firms is \$22.41 million. If your firm has annual gross receipts over \$22.41 million (averaged over the last 3 years), you are not eligible for certification.

Eligible people must own and control 51% or more of the business in order to qualify for certification. Eligible people are defined as minority, women, or socially and economically disadvantaged business owners. If your firm is not owned and controlled by 51% or more eligible people, you are not eligible for certification.

The firm must be licensed to do business in the State of Washington in order to be eligible for certification.

This firm is applying for certification as a:

- MBE** Minority Business Enterprise (owned and controlled by at least one minority)
- WBE** Women's Business Enterprise (owned and controlled by at least one non- minority woman)
- MWBE** Minority Women's Business Enterprise (owned and controlled by at least one minority woman)
- CBE** Combination Business Enterprise (50% owned and controlled by one minority man and 50% owned and controlled by one non-minority woman)
- SEDBE** Socially and Economically Disadvantaged Business Enterprise (owned and controlled by a non-minority male, determined to be socially and economically disadvantaged on a case-by-case basis)

Business Structure (Check one):

- Sole Proprietorship (\$50)**
- Partnership (\$75)**
- Limited Liability Company (\$100)**
- Corporation (\$100)**

Has this firm or its owner previously applied to this office for certification? YES NO

If yes, under what name? _____

BUSINESS INFORMATION

1. Legal Business Name: _____

2. Trade Name (DBA): _____

3. Has this business operated under another name? YES NO

If yes, what was the name? _____

State: _____ Date/Years of Operation: _____ Status: _____

4. Is this business organized for profit? YES NO **STOP! If you answer No, your business cannot be certified.**

5. Federal Tax ID Number (TIN): _____ (The 9-digit number on your federal tax return)

6. Washington UBI Number: _____ - _____ - _____ 7. Date business started: _____
month / day / year

8. Does this business share the same UBI Number with another business? YES NO

9. Professional License Number: _____ 10. Contractor License#: _____

11. Location: _____
Street Address Apt/Unit#/Suite County

City State Zip Code

12. Is this business located at a residence? YES NO

13. Mailing: Same as above _____
Mailing/P.O. Box

City State Zip Code

14. Primary Phone: _____ Secondary Phone: _____ Fax: _____

15. Email: _____ Website: _____

16. Describe the primary activities of your firm. Be precise: _____

17. Does this business have a relationship with a bonding company? YES NO

If yes, please complete the following:

Bonding Company Name: _____

Person responsible for signing bond: _____

18. Does the business have a bank account? YES NO

If yes, list every person who has authority to sign checks: _____

19. List the major equipment and vehicles in which the business currently has an ownership, lease, or loan interest:

	Type of equipment / vehicle	Own, lease, or loan
1)		
2)		
3)		
4)		
5)		

(Attach additional pages as needed)

20. What was the firm's average number of employees over the last 12 months (including part time, seasonal, and temporary employees)? _____

21. Does this firm share any of the following with any other businesses? (Check Yes or No for each item.)

Owners	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Accounting Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Employees	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Legal Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Equipment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Office Facilities	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Financing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Storage Facilities	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Inventory	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Insurance Coverage	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Vehicles	<input type="checkbox"/> YES	<input type="checkbox"/> NO

For every yes answer, explain below and attach any supporting documentation.

22. List three contracts the firm has performed, is performing, or has bid during the last twelve months, if any:

	Job or Project	Name and phone number of contact person (Prime contractor or awarding authority)
1)		
2)		
3)		

(Attach additional pages as needed)

OWNERSHIP INFORMATION

This section must be completed by each person who has ownership interest in this business, whether or not they are actively involved in the business. Please make enough copies of this section for all owners to complete.

To be eligible for certification, this business must be owned at least 51% by eligible persons.

23. Owner Name: _____
First Name *Last Name*

24. Owner's race or socially and economically disadvantaged status:
- Black** (Having origins in any of the Black racial groups of Africa)
 - Hispanic** (Of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish or Portuguese culture or origin, regardless of race)
 - Native American** (Having origins in any of the original peoples of North America)
 - Asian Pacific** (Having origins in Japan, China, Taiwan, Korea, Burma, Vietnam, Laos, Cambodia, Thailand, Malaysia, Indonesia, the Philippines, Brunei, Samoa, Guam, Hong Kong, and other countries and territories in the Pacific)
 - Subcontinent Asian** (Having origins in India, Pakistan, Bangladesh, Bhutan, the Maldives Islands, Nepal or Sri Lanka.)
 - Caucasian**
 - Other** (Describe) _____

25. Gender: Male Female

26. Citizenship: U.S Citizen Permanent Resident If you are neither, **STOP. You are not eligible.**

27. Owner's occupation: _____
 Employer: _____ Employer phone: _____

28. What is the owner's percentage of ownership in this business? _____%

29. Is this ownership: Community Property Separate Property Joint Property
(If you are married and are claiming separate or joint property, you must attach documentary proof.)

30. When did this owner's ownership interest in this business begin? _____
month / day / year

31. How did you acquire this business?
- Started the business myself
 - Condition of a divorce settlement
 - Condition of a separate agreement
 - Other: _____
 - It was a gift from: _____
 - I bought it from: _____
 - I inherited it from: _____

32. Was ownership interest secured under a purchase agreement, loan, or promissory note? YES NO
 (If yes, provide documentation)

DUTIES OF OWNERS, OFFICERS, DIRECTORS, MANAGERS, AND KEY PERSONNEL

INSTRUCTIONS: Complete for **ALL** owners and non-owners who do anything listed below for the business. Make enough copies of this form to provide information on each and every applicable person. **Do not leave any questions blank.** Check the frequency of each person's involvement as follows:

- A = Always**
- F = Frequently**
- S = Seldom**
- N = Never**

Name: _____	Name: _____	Name: _____
Title: _____	Title: _____	Title: _____
Race: _____	Race: _____	Race: _____
Percent Owned: _____	Percent Owned: _____	Percent Owned: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Salary: \$ _____	Salary: \$ _____	Salary: \$ _____
Other Benefits \$ _____	Other Benefits \$ _____	Other Benefits \$ _____

Sets policy on company(direction/scope/financial)	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Bidding & Estimating	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Major purchasing decisions	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Marketing & sales	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Supervises field operations	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Office management	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Hires & fires management staff	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Designates profits spending or investment	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Obligates business by contract/credit/bond/insurance	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N
Signs business checks	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> N

Do any of the persons listed above perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify for each: Person: _____ Business: _____ Title/Function: _____	Do any of the persons listed above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify for each: Firm Name: _____ Person: _____ Nature of Business Relationship: _____
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NON-PARTICIPATION STATEMENT

This declaration is to be completed **only** if your ownership is based on community property and your spouse is **not** a minority or woman.

We hereby swear or affirm that:

- We are spouses whose ownership of the firm is based on community property.
- Only the eligible spouse manages this firm.
- The ineligible spouse does **not** participate in the management of this firm.
- We understand this form is **not** a separate property agreement.

We understand that "participate in the management of this firm" is defined as being an officer and/or director and/or performing day-to-day duties and functions required by the business, including, but not limited to:

- Payment of the company's debts
- Estimating
- Marketing and sales
- Hiring and firing of management personnel
- Authorizing the purchase of major items or supplies
- Supervision of field operations
- Making company policies
- Designating how profits are spent
- Negotiating and obligating the business by contract

Signed at: _____, _____
City State

This _____ day of _____, 20____
Date Month Year

Eligible Spouse's signature: _____

Eligible Spouse's printed name: _____

Ineligible Spouse's signature: _____

Ineligible Spouse's printed name: _____

GO TO THE NEXT PAGE

AFFIDAVIT

This form must be signed and notarized for **each owner** upon which disadvantaged status is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I hereby swear or affirm the following:

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Minority/Woman/or Socially and Economically Disadvantaged Business Enterprise. In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s) (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Black American | <input type="checkbox"/> Hispanic American |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian Pacific American | <input type="checkbox"/> Subcontinent Asian American |
| <input type="checkbox"/> Other (specify) _____ | | |

I certify and declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at: _____, _____
City *State*

This _____ day of _____, 20____
Date *Month* *Year*

Owner's signature: _____

Printed name: _____ Title: _____

NOTARY CERTIFICATE

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____ by _____
(Owner name)

 Signature of Notary Public

 Title

My Appointment Expires: _____

(SEAL)

DECLARATION

*This form must be **signed and notarized for EACH owner**, whether or not they are actively involved in the business. Please make enough copies of this section for all owners to complete.*

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I hereby swear or affirm that:

- All application statements I have provided to OMWBE are true and correct.
- This application packet is accurate, current and complete.
- OMWBE is authorized to contact any companies or individuals in order to verify my application information and accompanying documents.
- Other government agencies are authorized to furnish documents, verify information, and provide additional information to OMWBE concerning my application.
- I agree to provide written notice to the Office of Minority and Women's Business Enterprises (OMWBE) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.). Failure to provide such notice in a timely manner may lead to decertification.
- I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.
- I understand that false statements, omissions, or material misrepresentations will be grounds for denial as provided by applicable state law.
- I agree that this completed application and all supporting documentation become the property of OMWBE when submitted.
- I will provide additional requested information to OMWBE to determine my continued eligibility for certification.

I certify and declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at: _____, _____
City State

This _____ day of _____, 20____
Date Month Year

Owner's signature: _____

Printed name: _____ Title: _____

NOTARY CERTIFICATE

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____ by _____
(Owner name)

Signature of Notary Public

Title

My Appointment Expires: _____

(SEAL)

DOCUMENT CHECKLIST

Thank you for completing this application. Unless otherwise noted, copies of the **documents listed below are required** and must be included in the application packet. If they are not included, the application cannot be processed and your file will be administratively closed. If you do not have any part of the documentation requested below, provide a written statement explaining why.

For All Firms (check all that apply):

- Non-Participation Statement (if applicable).
- Affidavit for eligible owner (Notarized, Signed and dated).
- Declaration for owner (Notarized, Signed and dated).
- State Driver's License AND birth certificate or US Passport/Passport Card or USA Certificate of Naturalization with photo or US Permanent Resident Card or WA State Enhanced Driver's License.
- Prenuptial Agreement or Separation of Property Agreement or Transfer of Property Agreement.
- Bank/Credit Card Statements or receipts showing business start-up costs that can be traced to a personal account for each eligible owner(s).
- Loan documents by a lending institution dated at the time of start-up and guaranteed by the eligible person.
- If the business is more than 7 years old, Bank/Credit Card Statements or receipts showing ongoing capital investment with documented proof (bank statements/processed checks) to show the source of those funds.
- Current resume for Owner (and Spouse, if married) that shows Types, dates and places of education and training received, Dates, places, titles and duties of former and current employment. Include past and present ownership in any businesses.
- Current resume for Key Personnel and Board Members that shows Types, dates and places of education and training received, Dates, places, titles and duties of former and current employment. Include past and present ownership in any businesses.
- Signed Bank signature card(s) which indicates who has signing authority, bank account number, date account was opened, amount of initial deposit, and any restrictions on the account.
- Copies of signed credit/loan or finance agreements.
- Copies of insurance policy agreements (commercial liability, errors and omissions, etc.)
- Copy of Bonding documents.
- Copies of signed property lease agreements or proof of ownership for office and/or yard space.
- List of owned equipment and/or vehicles and documented proof of purchase and/or titles.
- List of equipment leased and signed lease agreements.
- Copies of contracts/bids/invoices to demonstrate scope of work performed (from the last 12 months but no more than 6 total).
- Current Joint Venture agreements and amendments.
- Copies of current license(s) and Permits.
- Mentor Protégé agreements.
- Safety Manual (Trucking and Construction Firms)
- Business Federal Tax Returns – (Last 3 years of filed & signed IRS tax returns, including all pages, statements, and schedules.
- Business Federal Tax Transcripts – (Last 3 years. You may order transcripts by using the following link - <http://www.irs.gov/pub/irs-pdf/f4506t.pdf>
 - If business started less than one year ago, please provide a Balance Sheet & Income Statement (Profit & Loss) as well as your SS-4 form.

In addition to the above documents, for your business structure please include the following:

For Partnerships:

- Partnership Agreement and amendments.
- Meeting Minutes.

For Limited Liability Companies:

- Articles of Organization
- LLC Operating Agreement and amendments.
- Meeting Minutes.
- Stock certificates and ledger if stocks have been issued.

For Corporations:

- Articles of Incorporation
- Corporate bylaws and amendments.
- Meeting Minutes.
- Stock certificates and ledger if stocks have been issued.
- Secretary of State Certificate of Incorporation OR Secretary of State Certificate of Incorporation of foreign body authority (if firm is located outside of WA State.)

Trucking firms

- Washington Utilities & Transportation Commission (WUTC) permits.
- Commercial Driver's License (CDL) for all drivers.
- Insurance Agreements for each truck owned or operated by firm.
- Title(s) and registration certificate(s) for each truck owned or operated by firm.

Reminder: Please include the non-refundable application fee and supporting documentation with your completed application and mail the package to:

**OMWBE
P.O. Box 41160
Olympia, WA 98504-1160**

If you have any questions about the application or application process, please call us at (360) 664-9750. OMWBE is open Monday – Friday from 8:00 am – 5:00 pm.