



**BUSINESS INFORMATION**

1. Legal Business Name: \_\_\_\_\_

2. Trade Name (DBA): \_\_\_\_\_

3. Has this business previously operated under another name?  YES  NO  
 If yes, provide the following: Date From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Former Name: \_\_\_\_\_

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 used on the federal tax return)

6. Washington UBI Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ 7. Professional License # \_\_\_\_\_

8. Contractor #(if applicable) \_\_\_\_\_ 9. Date business started: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

10. Location: \_\_\_\_\_  

<i>Street Address</i>	<i>Apartment/Unit #/Suite</i>	<i>County</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

11. Is the business located at a residence?  YES  NO

12. Mailing:  Same as above \_\_\_\_\_  
*Mailing Address/P.O. Box*  
 \_\_\_\_\_  
*City State Zip Code*

13. Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

14. Email: \_\_\_\_\_ Website: \_\_\_\_\_

15. Describe the primary activities of your firm. Be precise. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. 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: \_\_\_\_\_

17. Does the business have a bank account?  YES  NO  
 If yes, list every person who has authority to sign checks: \_\_\_\_\_  
 \_\_\_\_\_



**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.**

**23.** To be eligible for certification, this business must be owned at least 51% by minorities or women.

Is this member included in the 51% or more?  YES  NO

**(If yes, complete the Declaration on page 8 for minority/woman owners.)**

**24.** Member's Name: \_\_\_\_\_  
*Last* *First* *M.I.*

**25.** Member'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)
- American Indian/Alaskan Native** (Having origins in any of the original peoples of North America)
- Asian American** (Having origins in any of the original peoples of the Far East, Southeast Asia, The Indian Subcontinent, or the Pacific Islands)
- Caucasian Female**
- Other (Describe)** \_\_\_\_\_

**26.** Gender: \_\_\_ Male \_\_\_ Female

**27.** Citizenship:  U.S. Citizen  Permanent Resident **(Note: If you are neither, you are not eligible)**

**28.** Member's occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer phone: \_\_\_\_\_

**29.** What is this member's percentage of ownership in this business? \_\_\_\_\_%

**30.** 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.)**

**31.** When did this member's ownership interest in this business begin? \_\_\_\_/\_\_\_\_/\_\_\_\_

**32.** How did this member acquire this business?

<input type="checkbox"/> Started the business myself	<input type="checkbox"/> It was a gift from: _____
<input type="checkbox"/> Condition of a divorce settlement	<input type="checkbox"/> I bought it from: _____
<input type="checkbox"/> Condition of a separation agreement	<input type="checkbox"/> I inherited it from: _____
<input type="checkbox"/> Other: _____	

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

34. Are you:  Unmarried (single)?  Married? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Separated? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Divorced? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If this member is married, complete the following:**

Spouse's name: \_\_\_\_\_  
Last First M.I.

Spouse's occupation: \_\_\_\_\_

Spouse's employer: \_\_\_\_\_

Spouse'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)
- American Indian/Alaskan Native** (Having origins in any of the original peoples of North America)
- Asian American** (Having origins in any of the original peoples of the Far East, Southeast Asia, The Indian Subcontinent, or the Pacific Islands)
- Caucasian**
- Other (Describe)** \_\_\_\_\_

35. Does the member or member's spouse have an ownership interest in any other businesses?  YES  NO

**If yes, complete the following for each member/spouse and each additional business:**

Name of Member or Member's spouse: \_\_\_\_\_

Name of other business: \_\_\_\_\_

Type of business: \_\_\_\_\_

Relationship to applicant business: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_%

Is this business certified by OMWBE?  YES  NO

(Attach additional pages as needed to identify all other businesses owned by this member or member's spouse)

## DUTIES OF MEMBERS AND KEY PERSONS

INSTRUCTIONS: Identify by name, title, race, gender, and total amount of compensation, those individuals, including member, managers, and non-members, who are authorized to make policy decisions and to manage the day-to-day operations of this firm. Make enough copies of this form to provide information on each and every applicable person. Circle the frequency of each person's involvement in each area.

	Person #1	Person #2
Name:	_____	_____
Title:	_____	_____
Race:	_____	_____
Percent owned:	_____	_____
Gender:	_____	_____
Salary:	_____	_____
Other benefits:	_____	_____

	<b>A = Always</b>				<b>F = Frequently</b>				<b>S = Seldom</b>				<b>N = Never</b>			
	Person #1								Person #2							
Setting policy on company direction/scope	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>
Bidding & Estimating	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>
Purchasing decisions	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>
Marketing & Sales	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>
Supervision of field operations	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>
Hiring & Firing of management personnel	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>
Designating how profits are spent	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>
Obligating the firm by contract	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>
Signing business checks	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>	<b>A</b>	<b>F</b>	<b>S</b>	<b>N</b>

**NON-PARTICIPATION STATEMENT**

This declaration is to be completed by all members whose ownership is based on community property and whose spouse is not a minority or woman. If you are not married, initial here \_\_\_\_ and go immediately to the next page.

We hereby swear or affirm that:

- We are husband and wife.
- Only the husband/wife (circle one) owns and manages this firm.
- The 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 a member 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: \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
*City State Date Month Year*

Wife's signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Husband's signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

**DECLARATION**

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.
- This application packet furnished to OMWBE is subject to public disclosure except materials related to applications for Disadvantaged Business Enterprise programs. As provided in Chapter 42.56 RCW, financial records (e.g.; tax and income information) and personal information (e.g.; account numbers) are excluded in the state program.
- 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 understand that false statements, omissions, or material misrepresentations will be grounds for denial, decertification as a certified firm as provided by applicable state law.

I agree that this completed application and all supporting documentation becomes the property of OMWBE when submitted.

I agree that, after submitting this application packet, I will notify OMWBE within 30 days of any business information or legal changes to the firm. I will provide additional requested information to OMWBE to determine my continued eligibility for certification.

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

Signed at: \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
*City State Date Month Year*

Owner's signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

## 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 will be returned to you. If you do not have any part of the documentation requested below, provide a written statement explaining why.**

**In 2008, the most frequent errors/omissions leading to the return of applications were missing: Proof of Ethnicity/US Citizenship (25.88%); LLC Certificate of Formation/Operating Agreement (20.6%); Resume of spouse (13.6%); and Certificate of Incorporation (10.7%).**

- All minority/woman owner(s) must provide all of the following:**
  - Photo identification, (i.e., Driver's License)
  - Other legal identification showing citizenship or legal residency, (i.e., Passport, Birth Certificate, Certificate of Naturalization, Permanent Resident Card)
- If the minority/woman owner is married, include:**
  - Spouse's resume
  - Original, signed, and dated Non-Participation Statement, if claiming community property
  - Prenuptial agreement, separate property agreement, or other transfer agreement, if claiming separate or joint property
- Documentary proof (cancelled checks, bank deposit slips, etc.) of how this business was initially capitalized, amount of each owner's contribution of capital, and source of all capital
- Current resume for all owners, governing persons, and other key personnel
- Secretary of State Certificate of Formation
- LLC Operating Agreement and amendments
- Complete business tax return packet filed with the IRS for each of the last three (3) years the firm has been in business; include all pages, statements, and schedules, or a current IRS extension. (If you have been in business less than three years, provide the above information filed for the actual years/period of operations.)
- \$100.00 processing fee, payable to OMWBE
- Original signed and dated Declaration (Page 8 of this application package)
- Trucking firms must also provide all of the following:**
  - Washington Utilities and Transportation Commission (WUTC) Permits
  - Copy of Commercial Driver's License (CDL) for all drivers
  - Title(s), registration certificate(s) and insurance for each truck owned or operated by the firm

**REMINDER: Please include the \$100 processing fee and supporting documentation/statements with your completed application. Then mail the package to:**

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