

**SOLE PROPRIETORSHIP WITH NO EMPLOYEES**

NOW, LET'S GET STARTED! 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 **NONREFUNDABLE** processing fee of \$50.00, payable to OMWBE, must be included in the packet in order to process this application. If you have any questions about this application or the application process, call OMWBE at (360) 753-9693 or Toll Free (866) 208-1064 and ask to speak with the Technical Assistant.

This firm is applying for certification as a:

- MBE** Minority Business Enterprise (owned and controlled by a minority)
- WBE** Women's Business Enterprise (owned and controlled by a non-minority woman)
- MWBE** Minority Women's Business Enterprise (owned and controlled by one 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) **Stop. Call OMWBE for more information on how to apply for this designation.**

Why is this firm seeking certification? (Check all that apply)

- Opportunity to do business directly or indirectly with a state agency  
Identify agency \_\_\_\_\_
- Opportunity to do business directly or indirectly with a local jurisdiction  
Identify jurisdiction \_\_\_\_\_
- Opportunity to do business directly or indirectly in the private sector  
Identify the project owner \_\_\_\_\_
- M/WBE Linked Deposit Program
- Veterans Linked Deposit Program **STOP. Go to <http://www.dva.wa.gov/Linked%20Deposit.html>.**
- Other \_\_\_\_\_

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

If yes, under what name? \_\_\_\_\_

Has this firm or its owner ever applied to other states for certification?  YES  NO

If yes, provide the following	State: _____	Approved? Yes/No	Status _____	Cert# _____
	_____	Yes/No	_____	_____
	_____	Yes/No	_____	_____

Is this firm certified with the Small Business Administration 8(a) Program?  YES  NO

If yes, **STOP. Contact OMWBE for streamlined application procedure.**

**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/Year: \_\_\_\_\_ 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. Professional License Number: \_\_\_\_\_

8. Date business started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 9. Contractor License Number: \_\_\_\_\_

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

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

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

12. Mailing:  Same as above \_\_\_\_\_  
*Mailing/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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. 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)

19. 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 |
| Financing          | <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 |
| Vehicles           | <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 |                     |                              |                             |

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

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20. 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**

21. Owner's Name: \_\_\_\_\_  
*Last* *First* *M.I.*

22. 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)
  - 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)** \_\_\_\_\_

23. Gender: \_\_\_Male \_\_\_Female

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

25. When did your ownership interest in this firm begin? \_\_\_\_/\_\_\_\_/\_\_\_\_

26. Is your ownership:  Community Property?  Separate Property?  Joint Property?

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

28. Was ownership interest secured under a purchase agreement, loan, or promissory note?  YES  NO  
 (If Yes, Provide documentation)

29. Are there any loans from:
- You to the firm?
  - Financial Institution to the firm?
  - Firm to you?
  - Third party to the firm?
- If yes, explain and provide documentation: \_\_\_\_\_

30. Are you:  Unmarried (single)?  Married?  Separated?  Divorced?

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

**If you are 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)**\_\_\_\_\_

29. Do you or your spouse have an ownership interest in any other businesses?  YES  NO

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

Owner's Name or spouse's Name : \_\_\_\_\_

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 indentify all other businesses owned by this owner or owner's spouse)

**NON-PARTICIPATION STATEMENT**

This declaration is to be completed if your ownership is based on community property and your 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 an owner 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: \_\_\_\_\_

GO TO NEXT PAGE

**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 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%); Signed Affidavit (15.57%); Resume of spouse (13.6%); and Certificate of Incorporation (10.7%).**

**The minority/woman owner must provide all of the following:**

- Photo identification, (e.g., Driver's License)
- Other legal identification showing citizenship or legal residency, (e.g., 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 the owner
- Complete personal tax return packet filed with the IRS for each of the last three (3) years that 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.)
- \$50.00 processing fee, payable to OMWBE
- Original signed and dated Declaration (Page 7 of this application package)

**Trucking firms must also provide all of the following:**

- Washington Utilities and Transportation Commission (WUTC) Permits
- Commercial Driver's License (CDL)
- Title(s), registration certificate(s) and insurance for each truck owned or operated by the firm

**Reminder: Please include the \$50 processing fee and supporting documentation/statements with your completed application and mail the package to:**

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