Washington State Office of MINORITY & WOMEN'S Business Enterprises

Application for State Certification

Thank you for applying for state certification. Before filling out your application, please take a moment to read these instructions.

Why apply for state certification?

Government agencies and some private companies have goals for inclusion of minority and women owned businesses. Becoming certified allows these entities to identify your firm as a certified business and keep track of how they're doing toward their purchasing goals.

Becoming certified also makes you eligible to apply for the Linked Deposit Program which can decrease interest rates on small business loans up to 2%.

How do I know if I qualify for certification?

The questions in this application and the documents we ask for are to verify the following requirements in state law and rule. Please call us if you have any questions about these qualifications.

The business must be:

- For Profit
- Licensed to do business in Washington State.
- Able to perform the core services necessary to fulfill a contract in the business's eligible owner(s) area of specialty or expertise.
- A small business based on U.S. Small Business Administration (SBA) size standards, which is measured in two ways:
  - An overall business size standard of $23.98 million in gross receipts over a three-year average.
  - Size standards according to your businesses' North American Industry Classification System (NAICS) codes. OMWBE will assign your business NAICS codes according to the goods and services you indicate your business will provide. Each NAICS code has a size standard listed in the SBA's size standard tables.

The eligible owner(s) must:

- Be a minority or woman. "Minority" is defined as African American, Asian American, Pacific Islander, Native Hawaiian, Hispanic American, Native American or Alaska Native. Other individuals may be found to be socially and economically disadvantaged on a case-by-case basis, please call our office for more information.
- Own at least 51% of the business and show contribution of capital and expertise.
- Control the managerial and day-to-day operations **and** possess the power to direct the management and policies of the business.
- Be a U.S. citizen or permanent U.S. resident.

How long will the application process take?

An OMWBE analyst will review your application and will contact you within 30 days. The analyst will likely email you with questions and request additional documentation.

It currently takes approximately 45 days to process your application once we receive all of the required documents.

Please call us if you have any questions when filling out your application or when you receive a request for additional information.

Application tips

1. Submit a complete application and all required documents listed in the application checklist.
2. Do not leave any area of the application blank. If an area does not apply to your business, indicate "N/A" with a brief explanation.
3. If in doubt, call us. The most common delays occur because of an incomplete application or response to an additional information request. We are here to help you!
4. Be responsive to additional information requests. Check your email for correspondence.
5. Be specific when writing your proposed business description. Procurement officials and prime contractors search our online directory for key words related to the goods and services they want to purchase. You can look at OMWBE's online directory for examples: http://omwbe.wa.gov/directory-of-certified-firms
6. We recommend you keep a copy of your application packet and supporting documentation for your records.

Is this the right application?

- Apply for state certification only? Please continue to fill out this application.
- Applying for both state and federal certification? STOP Please visit http://omwbe.wa.gov/certification to apply for federal certification and visit http://omwbe.wa.gov/short to apply for state certification.
- Already federally certified by OMWBE and want to add state certification? STOP Please visit http://omwbe.wa.gov/short to apply.

If you have any questions please call us at 360-664-9750 or 1-800-208-1064
or email us at receptionist@omwbe.wa.gov

You can also visit our office for assistance:
1110 Capitol Way, Suite 150
Olympia, WA 98504

We are open Monday through Friday from 8:00 a.m. to 5:00 p.m

Washington State Office of MINORITY & WOMEN'S Business Enterprises

Section 1: Business Information

This business is applying for certification as a (choose one of the certification types below):

☐ **MBE** Minority Business Enterprise (owned and controlled by at least one minority individual)

☐ **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 or more minority men and 50% owned and controlled by one or more non-minority women)

☐ **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)

1. Legal business name: _____

2. Trade name (DBA), if different than legal name: _____

3. Has this business or its owner previously applied to this office for certification? ☐ YES ☐ NO

   If yes, under what business name?: _____

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

5. Employer ID Number (EIN) or owner Social Security Number: _____

   Please make sure the EIN or Social Security number is the same as the number on your businesses' W-9 tax form.

6. Washington UBI number: _____-_____-_____

7. Date business started: _____

   month / day / year

8. Is this business located at a residence? ☐ YES ☐ NO

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9. Physical location: _____

Street Address *Apt/Unit/Suite*

_____

City *State* *Zip Code*

10. Mailing address, if different from above: _____

_____

City *State* *Zip Code*

11. Primary phone:_____ Secondary phone:_____

12. Fax:_____

13. Email:_____

14. Website:_____

15. OMWBE will post a description of your business on our online directory once you are certified. Please provide a concise description of your businesses' primary activities and the product(s) or service(s) it provides. If your business offers more than one product or service, list the primary product or service first.

    This description should include only the products or services your business self-performs and are in the eligible owner(s) area of specialty or expertise. Please use additional paper if necessary.

16. Has this business operated under another name? ☐ YES ☐ NO

    If yes, business name:_____

    State business operated: _____ If in Washington, UBI: _____

    Is this business currently active? ☐ YES ☐ NO

17. Does the business have a bank account(s)? ☐ YES ☐ NO

    If yes, list every person who has signatory authority for account(s): _____

    _____

18. What was your businesses' average number of employees over the last 12 months (including part-time, seasonal, and temporary employees and the owner[s])? _____

19. Is your business co-located with any other business? ☐ YES ☐ NO

20. Does your business share any of the following with any other business: owners, employees, space, storage, equipment, inventory, financing, UBI number? ☐ YES ☐ NO

    If "yes" to question 19 or 20, please explain below.

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Section 2: Owner Information Instructions

Section 2 must be completed by **each person who has an ownership interest in this business**, whether or not they are actively involved in the business.

What is considered ownership interest?

1. Any of the following persons:

Type of ownership	Persons
Sole proprietorship	Sole proprietor
General partnership	All partners
Limited partnership, limited liability partnership, or limited liability limited partnership	• All general partners • All limited partners
Limited liability company	• All LLC members • All managers
Privately held corporation	• All stockholders
Publicly held corporation	• All stockholders
Multi-level ownership structures	OMWBE will review each entity to determine which individuals must qualify for certification.

2. Any person who has, or has the right to receive, more than ten percent of either the gross or net sales from the business during any year.
   - "Gross sales" includes the entire gross receipts from all sales and services.
   - "Net sales" means gross sales minus cost of goods sold.

3. Spouses or registered domestic partners of any of the persons listed in items 1 or 2, if the person participates in the management of the business.

   Note: If a spouse or registered domestic partner does not participate in the management of the business, they must fill out the "Non-Participation Statement" on page 13. OMWBE will consider any spouse or registered domestic partner who does not fill out a "Non-Participation Statement" to have an ownership interest in the business.

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Section 2: Owner Information

Please make enough copies of this Owner Information section for each owner to complete.

1. Owner first name:_____ Last name: _____

2. Owner is a: ☐ U.S. citizen ☐ Permanent resident of the U.S.

   Attach proof of U.S. citizenship or legal presence:

   ☐ Driver's license or state-issued identification card **and** birth certificate, or

   ☐ U.S. Passport or Passport Card, or

   ☐ U.S. Certificate of Naturalization with photo, or

   ☐ U.S. Permanent Resident Card, or

   ☐ Washington State Enhanced Driver's License or Enhanced Identification Card

3. Gender: ☐ Male ☐ Female

4. Race or socially and economically disadvantaged status:

   ☐ African American ☐ Hispanic American ☐ Asian American or Pacific Islander

   ☐ Native American, Alaska Native, or Native Hawaiian ☐ Caucasian ☐ Other: _____

5. Owner's professional and specialty licenses, if applicable:

License Type	***License Number***	***Expiration Date***

6. How did you acquire this business?

   ☐ Started this business myself ☐ I inherited it from: _____

   ☐ Divorce settlement ☐ It was a gift from: _____

   ☐ Separate property agreement ☐ I bought it from: _____

   ☐ Other: _____

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7. Initial investment to acquire ownership. Check appropriate box(es) and provide documentation.

Type of investment used to acquire ownership	Amount or value	What were the funds used for?
☐ Personal checking/savings ☐ 401K, IRA, or other retirement source		
Financing ☐ Purchase agreement ☐ Loan ☐ Promissory note ☐ Line of credit ☐ Other_____		
Real estate		
Equipment		
Other:		

8. Do you work for any other person or entity besides this business (this includes any time spent at other businesses you own)? ☐ YES ☐ NO

   If yes, name of the business(es) _____

   Job title(s): _____

   Hours worked per week: _____

9. Which of the following apply to this owner?

☐Unmarried	☐Married	☐Registered domestic partnership	☐Separated	☐Divorced
	Date:	Date:	Date:	Date:

10. Please complete the following information for your spouse or registered domestic partner:

    First name: _____ Last name:_____

    Spouse or registered domestic partner is a: ☐ U.S. Citizen ☐ Permanent resident of the U.S.

    Spouse or registered domestic partner's gender: ☐ Male ☐ Female

Spouse or registered domestic partner's race or socially and economically disadvantaged status:

☐ African American ☐ Hispanic American ☐ Asian American or Pacific Islander

☐ Native American, Alaska Native or Native Hawaiian ☐ Caucasian ☐ Other: _____

11. Do you or your spouse or registered domestic partner have an ownership interest in any other business? ☐ YES ☐ NO

    If yes, please list name of the business(es), who has ownership interest, and percentage of ownership: _____

    _____

12. Attach current resume for each person who has an ownership interest, all spouses or registered domestic partners, and all key personnel (key personnel are persons who assist the owner(s) in the management and operations of the business):
    - Dates, places, titles and duties of former and current employment.
    - Past and present ownership in any businesses.
    - Types, dates and places of education and training.

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Section 3: Duties of Owners, Officers, Directors, Managers and Key Personnel

Complete for **all** persons who do any of the listed functions for the business. Please make enough copies of this form to provide information on each applicable person.

1. Check the frequency of each person's involvement. Please do not leave any questions blank.

A = Always

F = Frequently

S = Seldom

N = Never

	Name: _____ Title: _____ Race: _____ Gender: ☐ Male ☐ Female Percent Owned: _____ Salary: $ _____ Other Benefits $ _____	Name: _____ Title: _____ Race: _____ Gender: ☐ Male ☐ Female Percent Owned: _____ Salary: $ _____ Other Benefits $ _____
Sets company policy (direction/scope/financial policies)	☐ A ☐ F ☐ S ☐ N	☐ A ☐ F ☐ S ☐ N
Bidding or estimating	☐ A ☐ F ☐ S ☐ N	☐ A ☐ F ☐ S ☐ N
Makes major purchasing decisions	☐ A ☐ F ☐ S ☐ N	☐ A ☐ F ☐ S ☐ N
Makes marketing and sales decisions	☐ A ☐ F ☐ S ☐ N	☐ A ☐ F ☐ S ☐ N
If business has field operations, supervises field staff	☐ A ☐ F ☐ S ☐ N	☐ A ☐ F ☐ S ☐ N
Manages the office	☐ A ☐ F ☐ S ☐ N	☐ A ☐ F ☐ S ☐ N
Makes management hiring decisions	☐ A ☐ F ☐ S ☐ N	☐ A ☐ F ☐ S ☐ N
Obligates business by contract (for example, credit, bonding or insurance)	☐ A ☐ F ☐ S ☐ N	☐ A ☐ F ☐ S ☐ N
Decides how are profits spent or invested	☐ A ☐ F ☐ S ☐ N	☐ A ☐ F ☐ S ☐ N
Signs business checks	☐ A ☐ F ☐ S ☐ N	☐ A ☐ F ☐ S ☐ N

2. Do any of the persons listed in Question 1 perform a management or supervisory function for any other business? ☐ Yes ☐ No

3. Do any of the persons listed in Question 1 own or work for any other business(es) that has a relationship with this business (e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? ☐ Yes ☐ No

If "yes" to question 2 or 3, please provide the following information:

Name of person	**Name of business**	**Person's title or role**	**Brief description of business**

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Affidavit

This form must be signed and notarized by each owner who is applying for certification because of his or her socially and economically disadvantaged status (female, minority or other socially and economically disadvantaged individual). Please make enough copies of this section for all appropriate owners to complete including spouse/registered domestic partner if ownership is based on community or joint property.

I hereby swear or affirm the following:

I am a socially and economically disadvantaged individual who is an owner of the firm named in this application seeking certification as a minority-owned, woman-owned, 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:

☐ African American ☐ Hispanic American ☐ Asian American or Pacific Islander

☐ Native American, Alaska Native or Native Hawaiian ☐ Caucasian ☐ Other: _____

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

_____ _____

Owner's printed name *Owner's signature*

NOTARY CERTIFICATE

State of _____ County of _____

Subscribed and sworn to before me this_____ day of_____, 20_____by _____

_____

Signature of Notary Public

_____

Title

_____

Date appointment expires

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Non-Participation Statement

Fill out this statement for each owner who has a spouse or registered domestic partner if:

☐ The spouse or domestic partner's only ownership interest in the business is due to community or joint property; **and**

☐ The spouse or domestic partner does not participate in the management of the business.

We hereby swear or affirm that:

- We are spouses/registered domestic partners whose ownership of the business is based on community/joint property.
- Only the eligible spouse/registered domestic partner manages this business.
- The owner's spouse/registered domestic partner does **not** participate in the management of this business.
- We understand this statement is not a separate property agreement. This statement is utilized solely for certification purposes.

We understand that "participate in the management of this business" is defined as performing duties and functions required by the business. This definition includes, but is not limited to, if a person:

- Is a director, officer or LLC member
- Conducts or authorizes bids or estimates
- Makes marketing and sales decisions
- Makes management hiring decisions
- Makes major purchasing decisions
- Decides how profits are spent or invested
- Supervises field staff, if business has field operations
- Sets company policy (direction, scope, or financial policies)
- Obligates the business by contract (for example, credit, bonding or insurance)

_____ _____

Owner's printed name *Spouse's/Registered Domestic Partner's printed name*

_____ _____

Owner's signature *Spouse's/Registered Domestic Partner's signature*

NOTARY CERTIFICATE

State of _____ County of _____

Subscribed and sworn to before me this_____ day of_____, 20_____by _____

_____

Signature of Notary Public

_____

Title

_____

Date appointment expires

Washington State Office of MINORITY & WOMEN'S Business Enterprises

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 including spouse/registered domestic partner if ownership is based on community or joint property.

I hereby swear or affirm the following:

- 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 understand that false statements, omissions or material misrepresentations will be grounds for denial as provided by applicable state law or rule.
- 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 eligibility or continued eligibility for certification.
- 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 certify and declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

_____
Owner's printed name

_____
Owner's signature

NOTARY CERTIFICATE

State of _____ County of _____

Subscribed and sworn to before me this_____ day of_____, 20_____by _____

_____
Signature of Notary Public

_____
Title

_____
Date appointment expires

Washington State Office of MINORITY & WOMEN'S Business Enterprises

Document checklist

Unless otherwise noted, copies of the **documents listed below are required** and must be included in the application packet.

1. ☐ List of equipment and/or vehicles owned and copies of proof of purchase and/or titles. Equipment includes specialized software, computers, printers, etc.

2. ☐ List of equipment leased with copies of signed lease agreements, if applicable.

3. ☐ Copy of signed lease agreements or proof of ownership for office, land and any other buildings.

   If the business operates out of a home office owned by an eligible owner or her/his spouse, you should have checked YES for Section 1 Question 8 in. No additional documentation is required for this item.

4. ☐ Copy of contracts, bids and/or invoices to demonstrate scope of work performed. Those copies should include work performed for the past 12 months, however, please limit your submittal to no more than 6 total documents.

   If the business does not have contracts/bids/invoices, please provide documentation to support the scope of work performed by your business. If you do not have any documentation please provide a narrative to describe the scope of services performed by the business.

5. ☐ Copies of insurance policy agreements (e.g. commercial liability, errors and omissions, etc.), if applicable.

6. ☐ Copy of bonding documents, if applicable.

7. ☐ Business federal tax returns. Last three years of filed and signed IRS tax returns, including all pages, statements and schedules.

   If business was started less than one year ago, please provide:
   - Balance Sheet and Income Statement (Profit & Loss Statement), if applicable.
   - IRS Form SS-4.

8. ☐ Copies of the following documentation about your business structure:

Partnerships	☐ Partnership agreement and any amendments ☐ Last three years of meeting minutes, if available.

Limited Liability Companies	☐ Articles of Organization ☐ Secretary of State Certificate of Incorporation OR Secretary of State Certificate of Incorporation of Foreign Body Authority if business is located outside of Washington State. ☐ LLC Operating Agreement and any amendments, if there is more than one LLC member. ☐ Last three years of meeting minutes, if available.
Corporations	☐ Articles of Incorporation ☐ Corporate bylaws and amendments. ☐ Secretary of State Certificate of Incorporation OR Secretary of State Certificate of Incorporation of Foreign Body Authority if business is located outside of Washington State. ☐ Stock certificates and ledger if stocks have been issued. ☐ Last three years of meeting minutes, if available.
Trucking Companies	☐ Copy of Washington Utilities and Transportation Commission permit(s). ☐ Copy of Commercial Driver's License for all drivers. ☐ Insurance agreements for each truck owned or operated by business. ☐ Title and registration for each truck owned or operated by business.

9. ☐ Application Fee: Please select the business's legal business structure below and enclose a check or money order with your application. Make checks payable to OMWBE.
   - ☐ Sole Proprietorship ($50)
   - ☐ Partnership ($75)
   - ☐ Corporation ($100)
   - ☐ Limited Liability Company ($100)

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

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

If you have any questions please call us at 360-664-9750 or 1-800-208-1064 or email us at receptionist@omwbe.wa.gov

We are open Monday through Friday from 8:00 a.m. to 5:00 p.m.