

Application for State Certification

Use this application if your firm is already certified as a Disadvantaged Business Enterprise (DBE) or you are applying for both DBE and state certification.

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

Document Checklist:

1. Are you currently federal DBE certified? Yes No
 If yes:
 - Please provide your Certification number _____. You can find your certification information here: omwbe.wa.gov/directory
 - Please verify that all information on your certification verification page is correct. Attach any needed corrections and supporting documentation. Please attach the business structure changes form found here: omwbe.wa.gov/certification
2. UBI Number: _____. If you do not have a UBI Number, you can apply for one here: bls.dor.wa.gov/file.aspx
3. Signed and Notarized Affidavit 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).
4. Signed and Notarized Declaration for each owner, whether or not they are actively involved in the business.
5. 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.

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

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