

Certifying your firm with New York State just got easier!

- **If you are currently federally certified , as either a DBE (Disadvantaged Business Enterprise) or as a Section 8(a) Business Development Program;***
- **AND** you are at least 51% owned, operated and controlled by a minority (see list below) or by a woman;
- **AND** your business has a Certificate of Authority To Do Business in New York State;
- **AND** you wish to become MBE, WBE or MWBE certified with New York State.

You can submit this application for certification of your business as a New York State Minority and/or Woman-Owned Business Enterprise (M/WBE).

*** Do not use this application if your firm currently does not hold federal certification as a DBE or a Section 8(a) Business Development Program. Instead please call NYS Division of Minority and Women Business for the application you should be using at (212) 803-2414 or (518) 292-5250; or visit us online and download a standard application at www.nylovesmwbe.ny.gov**

Definition of a Minority-Owned Business Enterprise (MBE)

Under Article 15-A of the Executive Law, an MBE is a business enterprise which is at least fifty-one percent (51%) owned, operated and controlled by citizens or permanent resident aliens who are:

Group Code	Group Name	Group Definition
01	Black	Persons having origins from any of the Black African racial groups
02	Hispanic	Persons of Mexican, Puerto Rican, Dominican, Cuban, Central of South American descent of Either Indian or Hispanic origin, regardless of race.
03a	Asian-Pacific	Persons having origins from the Far East, Southeast Asia or the Pacific Islands
03b	Asian-Indian Subcontinent	Persons having origins from the Indian subcontinent.
04	Native American	Persons having origins in any of the original peoples of North America.

Definition of a Women-Owned Business Enterprise (WBE)

Under Article 15-A of the Executive Law, a WBE is a business enterprise which is at least fifty-one percent (51%) owned, operated and controlled by citizens or permanent resident aliens who are women.

New York State DBE & 8A Supplemental Application

Please read before completing this form:

Is your firm "not for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, STOP! If your firm is not-for-profit, then you do NOT qualify for this program and should NOT fill out this application.
Is your firm "publicly owned"? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, STOP! If your firm is publicly-traded, then you do NOT qualify for this program and should not fill out this application.
Is your firm "owned wholly or in part by another company"? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, STOP! The holding company must be certified first before this application is filled out. (Contact us for further information)

Instructions:

Please type or print clearly. Do not leave any spaces blank on the application. Do not send originals of requested documentation, only copies. Whenever space is insufficient to answer a question completely, attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet. Keep a copy of your entire application package for your records. **For questions, call (518) 292-5250 or (212) 803-2414**

This firm is applying for certification as: *(Please refer to the cover of this application to determine the appropriate designation for your company. One or more categories may be designated.)*
 Minority Business Enterprise (MBE) Women-Owned Business Enterprise (WBE)

Company Profile:

Company Name _____

"Doing Business As" (DBA) Name: _____

Street Address _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Email: _____ Website: _____

Contact Name: _____ Title: _____

Phone: _____

Federal Employer Identification Number or Social Security Number *(A Federal Employer Identification Number is required for most business activities. For an application and/or additional information, go to the U.S. Internal Revenue Service website <http://www.irs.gov>. Sole Proprietorships may submit the social security number of the owner in lieu of the federal identification number.)*

What regions of New York State are you willing and able to conduct your business activity? All
 NYC Southern Tier Western NY Long Island Mohawk Valley Finger Lakes
 Mid-Hudson Capitol Region Central NY North Country

Gross Receipts (Sales): Please provide your firm's gross receipts for each of the last 3 years. *(If in business for less than 3 years, complete as applicable.)*

\$ _____ \$ _____ \$ _____
Current Year (20__) *Last Year (20__)* *Previous Year (20__)*

Owner(s) and Principal(s):

Identify all individuals or companies with any ownership interest in your firm, providing the information requested below (if more than one owner, attach separate sheets for each additional owner):

Name	Position	Group Code*	% owned	US Citizen or Resident Alien		Gender
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	

*** Group Code Key (Please refer to Page 1 for Definitions)**

01 – Black 02a – Hispanic 03a – Asian - Pacific 03b – Asian – Indian 04 – Native American 05 – Other

Goods and Services:

Briefly describe your firm's business. Include any special skills or services that are required or provided.

Check the appropriate boxes that best describe your firm's business operation. **Construction-Related**
 Consumer Service **Broker** **Professional Service** **Franchise**
 Manufacturer/Supplier **Technical Service** **Retail** **Financial Services**
 Other (explain)

Please provide your firm's United Nations Standard Products and Services Code(s) (UNSPSC)
(This number can be found on this web site <http://www.unspsc.org>) or NAICS (<http://www.census.gov>)
 UNSPSC _____ NAICS _____

By signing this Application, Applicant understands that DMWBD may require proof of eligibility in addition to the information disclosed in the Application. The Applicant agrees to submit additional proof if it is requested by DMWBD and acknowledges that DMWBD may determine not to certify the Applicant as an MBE or as a WBE if the additional proof is not submitted within 20 business days after the date it is requested by DMWBD, or the application may be rejected by the DMWBD.

By signing this application, Applicant also consents to: i) inquiries by DMWBD of the Applicant's bonding companies, banking institutions, credit agencies, contractors, affiliates, clients, and other certifying agencies to ascertain the applicant's eligibility for certification; (ii) inspection by DMWBD of Applicant's place of business, books and records; and (iii) interviews of Applicant's principals and employees. The Applicant acknowledges that refusal to permit such inquires shall be grounds for denial or revocation of certification.

Company Name: _____

By: _____

Signature _____

Print Name: _____

Print Title: _____

Date: _____

Please submit the following along with your signed application:

- A signed release authorizing the entity that certified your firm under either the DBE or the Section 8(a) Business Development Program to share the information contained in your application, including that entity's site visit report, with the State Division of Minority & Women Business Development;
 - Proof of minority status as described in the definition of MBE set forth above (such as copy of passport, birth certificate, or any other official document);
 - Proof of gender (for WBE – copy of passport, birth certificate, or any other official document);
 - Proof of United States citizenship or permanent alien resident status (copy of birth certificate, passport, naturalization certificate, permanent resident alien card)
- *Non-New York incorporated businesses also have to submit a copy of their Certificate of Authority to do Business in New York State*

Please mail the completed package to:

Division of Minority & Women Business Development
Empire State Development
30 South Pearl Street or 633 Third Avenue
Albany, NY 12245 New York, NY 10017

(The affidavit below must be signed by an authorized representative of the applicant.)

CERTIFICATION AFFIDAVIT

The undersigned, _____, being the
(Name)
_____ of _____ (the "Applicant")
(Title) (Firm Name)

requests Certification of the Applicant as a Minority-owned Business Enterprise (MBE) and/or as a Women-owned Business Enterprise (WBE) with the New York State Division of Minority and Women Business Development ("DMWBD"), and for that purpose does hereby certify, under penalty of perjury that:

1. He or she has read the Application and knows its contents;
2. He or she is duly authorized by the Applicant to act on the behalf of the Applicant;
3. The information and representations contained in the Application are true to the best of his or her knowledge;
4. The information and representations contained in Applicant's application for either federal DBE status or Section 8(a) Business Development Program status are true to the best of his or her knowledge;
5. The Applicant shall provide notice to DMWBD of any material change in the information contained in the Application within 30 days of such change; and
6. The Applicant understands that a material false statement or omission made in connection with the Application is sufficient cause for the denial of certification or revocation of prior certification and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable law.

(Signature)

(Print)

State of New York, County of _____ On this _____ day of _____ 20____, before me appeared

(Name) _____ to me personally known, who being duly sworn, properly did execute the foregoing affidavit and did state that s/he was properly authorized by

(Name of Firm) _____ to execute the affidavit and did so as his or her free act and deed.

Notary Public _____

Commission Expires _____