

**CERTIFICATION AFFIDAVIT**

(This certification must be signed by an authorized representative of the applicant.)

The undersigned, \_\_\_\_\_, being the  
(Name)  
\_\_\_\_\_ of \_\_\_\_\_ request  
(Title) (Firm Name)

certification 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 verify, under penalties of perjury:

1. The Application form, the supporting documents, audit reports and any other information provided in support of the firm’s certification with another entity (the “original certifying entity”) are considered part of this certification request. It is recognized and acknowledged that the information contained in the Application is given under oath, that the Application is being submitted as an inducement to DMWBD to certify the Applicant as a MBE or a WBE and that DMWBD will rely on the information supplied therein in order to determine the eligibility of the Applicant for such certification. The Applicant consents to the disclosure to DMWBD of the Application form, supporting documents, audit reports, and any other information provided in support of the firm’s certification with the original certifying entity and further consents to the disclosure by DMWBD of any information contained therein as required by law or court order. The Applicant acknowledges that in order to maintain DMWBD certification, the Applicant must comply with the DMWBD recertification process.
2. The Applicant agrees to provide notice to DMWBD of any material change in the information contained in the Application within 30 days of such change.
3. The 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.
4. 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.
5. The Applicant consents to 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. The Applicant also consents to the inspection by DMWBD of its place of business, books and records, and to permit interviews of its principals and employees. The Applicant acknowledges that refusal to permit such inquires shall be grounds for denial or revocation of certification.
6. The Applicant further acknowledges that he or she has read the Application, knows its contents, and that the statements and representations made in the Application are true to his or her knowledge. If the application is on behalf of a corporation, it is made at the direction of the Board of Directors.

\_\_\_\_\_  
(Signature) (Print)

**• Don’t forget to include a copy of your current letter of certification (letter and/or certificate) with this application\***

**NOTARY PUBLIC**

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 \_\_\_\_\_

This affidavit declares said firm to be a Minority- or Women-owned Business Enterprise (M/WBE) and said affidavit shall become a matter of public record.

## *Certifying your firm with New York State just got easier!*

Are you currently a certified **MBE** (Minority-Owned Business Enterprise) or **WBE** (Woman-Owned Business Enterprise) with:

- **New York City Small Business Services**
- **New York & New Jersey Minority Supplier Development Council, Inc.**
- **Upstate New York Regional Minority Purchasing Council, Inc.**
- **The Women's President Educational Organization**

If you wish to become certified with New York State, and you are currently a New York State resident firm and certified with any of these entities, with a few simple steps you can submit your application for certification of your business as a New York State Minority and/or Woman-Owned Business (M/WBE). \*

### **Here is what you need to do:**

1. Provide a copy of your letter of certification from one of the above certifying entities.
2. Provide a copy of the completed certification application submitted to any of the above certifying entities: excluding the supporting documents; and
3. Complete, sign, notarize and return this Supplemental Application and Affidavit

### **Please mail the completed package to:**

**Division of Minority- & Women-Owned Business Development  
Empire State Development  
30 South Pearl Street  
Albany, NY 12245**

### **For New York City Small Business Services certified companies only:**

Division of Minority- & Women-Owned Business Development  
Empire State Development  
633 Third Avenue  
New York, NY 10017

### **Definition of a Minority-Owned Business Enterprise (MBE)**

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

| <b>Group Code</b> | <b>Group Name</b>         | <b>Group Definition</b>  |
|-------------------|---------------------------|--|
| 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 in which at least fifty-one percent (51%) is owned, operated and controlled by citizens or permanent resident aliens who are women.

**\*If you are not currently certified with any of the entities listed above, please do not use this application. Instead please call NYS Division of Minority and Women Business for the standard application at (212) 803-2414 or (518) 292-5250.**



## Owner(s) and Principal(s)

Identify all individuals or companies with any ownership interest in your firm, providing the information requested below.

| Name  | Position | Group Code* | % owned | US Citizen or Resident Alien                             |
|-------|----------|-------------|---------|--|
| _____ | _____    | _____       | _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____    | _____       | _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____    | _____       | _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**\*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

Has ownership changed since business was created?  Yes  No

If yes, describe changes: \_\_\_\_\_  
 \_\_\_\_\_

Family relationship to other owners or principals with this business:  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

## Relationship with other Businesses:

At present, or at any time in the past, has your firm:

- (a) been a subsidiary of any other firm?  Yes  No
- (b) consisted of a partnership in which one or more of the partners are other firms?  Yes  No
- (c) owned any percentage of any other firm?  Yes  No
- (d) had any subsidiaries?  Yes  No

Do any of your immediate family members own or manage another company?  Yes  No

If Yes, please list below (*attach extra sheets, if needed*):

| Name  | Relationship | Company | Type of Business | Own or Manage? |
|-------|--------------|---------|------------------|----------------|
| _____ | _____        | _____   | _____            | _____          |
| _____ | _____        | _____   | _____            | _____          |

Does your firm rely on any other firm for management functions or employee payroll?  Yes  No

If Yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Goods and Services:

Briefly describe your business, include any special skills or atypical services.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Check all that best describe the business operation.  **Construction-Related**     **Consumer Service**     **Broker**  
 **Professional Service**     **Franchise**     **Manufacturer/Supplier**     **Technical Service**     **Retail**  
 **Other (explain)** \_\_\_\_\_

Please provide the business' United Nations Standard Products and Services Code(s) (UNSPSC) or North American Industry Classification System (NAICS) (*This number can be found on line at: [www.unspsc.org](http://www.unspsc.org); or on the NAICS web site at: [www.census.gov](http://www.census.gov)*)  
 UNSPSC \_\_\_\_\_ NAICS \_\_\_\_\_