



APPLICATION FOR NATIONAL CERTIFICATION
AS A MINORITY OWNED AND CONTROLLED BUSINESS
MINORITY BUSINESS ENTERPRISE (MBE)

INTRODUCTION

We welcome your interest in NWBOC's national certification as a Minority Business Enterprise. Certification can result in a marketing opportunity for your business to develop supplier relationships with larger companies. Certification also enables contractors to identify, quantify and report the extent to which they utilize Minority owned and controlled businesses as suppliers. Presumed Minority Ethnicities are any ethnicity or national origin identification that are non-Caucasian; Black Americans, Hispanic or Latino(a) Americans, Native Americans (Includes Native Alaskan and Hawaiian Americans), Asian Pacific Americans, Subcontinent Asian Americans.

In order to be certified, the Minority (non-Caucasian) business owner must: be the Chief Executive Officer or in the equivalent position; be in business at least six months and have customers/clients; be a U.S. citizen or have Permanent Resident Status; be active in daily management; and has fulfilled NWBOC requirements for definition of a Presumed Minority in addition to the following:

OWNERSHIP

A Presumed Minority owns one of the following:

- 100% of the assets of a sole proprietorship,
- at least 51.0% of the equity interests in a partnership;
- at least 51.0% of each of the classes of voting stock and 51.0% of the aggregate of all stock outstanding determined by the percentage that would be distributed to the veteran if the corporation was liquidated; or
- at least 51.0% of the membership interests in a limited liability company.

CONTROL

A Presumed Minority actively participates in the management of and controls one of the following:

- 100% of the control of a sole proprietorship;
- at least 51.0% of the control of a general partnership;
- Minority owner is the general partner and, if there is more than one general partner, the managing general partner, of a limited partnership or limited liability partnership, or
- Minority owner is the sole manager, able to appoint unconditionally the majority of managers of a manager managed LLC or has 51.0% control of a member managed LLC.

If your business meets these basic criteria, please proceed with the completion of this application. If your business does not meet these basic criteria, it is ineligible for certification as Minority owned and controlled, and you should not complete this application until such time as the criteria can be met. We highly recommend that you review the Standards for certification prior to applying. The complete certification requirements can be found at: www.nwboc.org.

If you have questions on any aspect of our certification process or the application, please telephone NWBOC at 800-794-6140 to speak with a certification specialist.



**INSTRUCTIONS
FOR COMPLETING THE APPLICATION**

1. Complete all the items on the following pages. If an item does not apply to your business, record N/A in the space provided. Your application will not be processed unless complete.
2. If an answer to a question runs longer than the allotted space, attach a page with the rest of the answer. Be sure, though, to note the question number and record the business' name and date of application on each additional page or exhibit. Please use a notebook and dividers to organize your supporting documentation according to the numbers provided in the supporting documentation section at the end of this application.
3. Sign and date the application.
4. Enclose a check for \$400 made payable to NWBOC for application fee. Occasionally, there are additional minor travel costs incurred by the site visit. If during the process, you withdraw your application, your application is returned or administratively closed for incompleteness, you close/sell your business, or are denied certification, the \$400 is non-refundable.
5. Submit one copy of the application, sworn affidavit, supporting documentation and application fee to:

NWBOC

12828 E. 13th St. N.,
Suite #14
Wichita, KS 67230



APPLICATION FOR:
MINORITY OWNED BUSINESS PROGRAM CERTIFICATION APPLYING FOR:
MINORITY BUSINESS ENTERPRISE (MBE)

GENERAL APPLICANT INFORMATION & HISTORY

PLEASE FILL IN FORM AS APPROPRIATE

1 Date _____

2 Applicant's Business Name _____

3 Primary Minority Contact Person and Title _____

4 Physical Headquarters Address _____
(No PO Box, Virtual Offices, Rural Routes, or Postal Mailboxes)

5 City _____ 6 State _____ 7 Zip Code _____

8 Mailing Address _____
(if different than headquarters address)
*If no additional mailing address enter N/A

9 Telephone (including area code) _____

10 Facsimile (including area code) _____

11 E-Mail Address _____

12 WWW Site _____

13a Federal Tax ID (FEIN/TIN) _____

13b Dunn & Bradstreet (DUNS) Number (9 Digits) _____

14a Nature of Business: Specify major services/products _____

14b Type of Commercial Facility: _____

14c Geographic Service Area: _____

14d Is Bond required: _____ 14e Bond Level: Aggregate / Contract: _____ / _____

14f Is Organization involved in any present or pending lawsuit or legal: _____

14g Is Owner(s) involved in any present or pending lawsuit or legal matter: _____

14h Does any owner claiming Minority status have secondary ownership or outside involvement/influence: _____



GENERAL APPLICANT INFORMATION & HISTORY (CONT.)

15a Is Applicant currently operating under a fictitious/DBA business name or has Applicant previously operated under another name? Yes No

If yes, complete the items below; if no, enter N/A

15b Fictitious/DBA business name or prior name of business _____

Period of time start date from _____ 15c to _____ 15d

15e Address DBA registered to _____

15f City _____ State 15g _____ Zip Code 15h _____

List all of Applicant's facilities in addition to headquarters listed in item 4 above (attach additional sheets if necessary):

*If no alternate address enter N/A

16a Facility 1 Address _____

16b City _____ State 16c _____ Zip Code 16d _____

16e Telephone (including area code) _____

16f Facility 2 Address _____

16g City _____ State 16h _____ Zip Code 16i _____

16j Telephone (including area code) _____

17 Provide a brief history of Applicant's facilities on a separate sheet of paper, or attach a brochure or other document which provides this information.

18a Number of employees of Applicant _____

*Include Employees from all locations

18b Number of Full-Time Employees: _____

18c Number of Part-Time Employees: _____

18d Number of Contracted 1099 (Any Type of 1099) Employees: _____

18e Number Minority Full-Time Employees: _____

18f Number of Minority Part-Time Employees: _____

18g Number of Minority Contracted 1099 (Any Type of 1099) Employees: _____

LEGAL STRUCTURE **USE DROP DOWN BOXES AS APPROPRIATE**

19a Legal structure as recognized by the IRS:

19b Legal structure as recognized by State or County:

19c Legal structure : as identified when filing Federal Taxes:

19d Acquisition Type: How Business was acquired or started:

19e Date of Incorporation or Establishment: _____

* To match Secretary of State or County Initial Filing Date

19f Who controls management and daily operations of the business? _____

List each proprietor, partner, shareholder or member within the 12 months preceding the date of this application, and complete each of the following columns for each person listed (attach additional sheets if necessary).

	NAME	MARITAL STATUS	INDICATE WHETHER OWNERSHIP INTEREST IS SEPARATE (S) OR COMMUNITY (C) PROPERTY	GENDER		OWNERSHIP & CURRENT STATUS	
				MALE	FEMALE	%	ACTIVE
20a		20b		20c	20d	20e	20f
21a		21b		21c	21d	21e	21f
22a		22b		22c	22d	22e	22f
23a		23b		23c	23d	23e	23f
24a		24b		24c	24d	24e	24f
25a		25b		25c	25d	25e	25f
26a		26b		26c	26d	26e	26f

27a Does Applicant have a parent company, subsidiaries, or any other affiliate? Yes No

If yes, complete the following on each affiliate. Attach additional sheets as needed. If no, enter N/A

27b Affiliate's Name _____

27c Contact Person and _____ 27d Title of Affiliate _____

27e Headquarters Address of Affiliate _____

27f City _____ State 27g _____ Zip Code 27h _____

27i Telephone (including area code) of Affiliate _____

27j E-Mail Address of Affiliate _____

27k Describe relationship of Affiliate on a separate sheet of paper.

27l Number of employees of Affiliate: _____



OTHER INFORMATION

28a Has Applicant previously applied for certification of ownership and control with any federal, state, county, or local government agency, private organization, or industry standard? If yes, provide the following. If no, enter N/A. Includes: State, County, Local Minority Certifications, Minority Farming Certifications, Minority Law Firm Certifications, Woman Owned Certifications, Disability Certifications, Veteran Certifications, State or Federal Government Certifications, Industry Special Certifications, Safety or Security Accreditations or Certifications.

Yes

No

28b Name of agency/organization _____

28c Type of certification or accreditation sought _____

28d Status of determination on the application _____
(Note: Granted certifications will be noted on the database.)

28e Name of agency/organization _____

28f Type of certification or accreditation sought _____

28g Status of determination on the application _____
(Note: Granted certifications will be noted on the database.)

Applicant intends to use MBE Certification, if granted, with the following corporations, state, local, or federal government agencies

29a _____ 29b _____

29c _____ 29d _____

Two customers/clients with which Applicant has transacted the most business in the 12 months preceding the date of this application (if the company has projects as opposed to customers, complete the next section instead):

30a Customer/Client Name _____

Contact Person and Title 30b _____ 30c _____

30d Address _____

30e City _____ 30f State _____ 30g Zip Code _____

30h Telephone (including area code) _____ 30i Facsimile Number _____

31a Customer/Client Name _____

Contact Person and Title 31b _____ 31c _____

31d Address _____

31e City _____ 31f State _____ 31g Zip Code _____

31h Telephone (including area code) _____ 31i Facsimile Number _____



TWO BUSINESS BANKING REFERENCES

32a Name of Institution _____

32b Type of Account _____

Bank Officer & Title 32c _____ 32d _____

32e Address _____

32f City _____ State 32g _____ Zip Code 32h _____

32i Telephone (including area code) _____

Facsimile Number 32j _____

33a Name of Institution _____

33b Type of Account _____

Bank Officer & Title 33c _____ 33d _____

33e Address _____

33f City _____ State 33g _____ Zip Code 33h _____

33i Telephone (including area code) _____

Facsimile Number 33j _____

Loans currently outstanding or outstanding within the 12 months preceding the date of the application (check all that apply):

34a Owners to Applicant _____ Applicant to owner(s) 34b _____

34c Financial institution(s) to Applicant _____ Other, including private lenders or affiliates (specify) 34d _____

34e Applicant has not received any loans _____

34f Annual Sales: Please enter in the annual sales for the most recent and complete fiscal years in the chart below. *If in business less than 1 year enter in the gross receipts to date, and zero for other two years.

Year	34g. NAICS Codes :List Primary NAICS first
2016	_____
2015	_____
2014	_____



Has Applicant shared any of the following with other businesses or individuals within the 12 months preceding the date of this application?

		Yes	No	If yes, identify and describe the sharing arrangements
35a	Employees			
35b	Financing			
35c	Equipment			
35d	Vehicles			
35e	Inventory			
35f	Insurance coverage			
35g	Accounting services			
35h	Legal services			
35i	Office/Plant			
35j	Storage facilities			
35k	Other			

		Yes	No	If yes, furnish details and copies of applicable documents
36	Has Applicant agreed to combine with or merge with another concern in the future or sell its stock or assets?			
37	Does Applicant issue or operate under a franchise, license or other contractual agreement with another concern?			

38a. Ownership Information

Ownership Role	Role Description
CD	Corporate Director
CO	Corporate Officer
CS	Corporate Stock or Shareholder
MA	LLC Manager (Agent or Employee)
ME	LLC/LLP Member and/or Unit Holder
P	General Partner or Partners
SP	Sole Proprietor

38a.

Name	Title	Ethnic Origin	Gender	Citizenship	Years of Ownership	Role	Ownership	Voting

38b. Managing Employees

Name	Title	Ethnic Origin

38c.

Operations Type	Employee Name	Title	Ethnic Origin
Financial Decisions			
Signatory - Major Docs			
Personnel Management			
Marketing & Sales			
Payroll & HR			
Estimating			
Purchasing -Major Items			
On-site & Field Supervision			
Contract Decisions			



DOCUMENTS REQUIRED - MINORITY BUSINESS ENTERPRISE (MBE) CERTIFICATION

Applicant's (Company) Name _____

Applicant must show that a presumed minority(s) owns and controls Applicant and that they are United States Citizens. This is accomplished through responses to the application questions, supporting documentation, interviews and site visit(s). The submission of certain documents may depend on whether Applicant is a sole proprietorship (SP); a partnership (P); a corporation (C - subchapter S or C corporation); or a limited liability company (LLC).

Please submit one copy of each required document, plus any others requested within the application, with the completed application. NWBOC maintains the right to request clarification of information contained in the application at any time during the certification process.

Use drop down selection boxes to select; X, for document included; X & LOE, for document and letter of explanation included; LOE, for letter of explanation only; N/A, for documents that do not apply to your legal structure or situation that do not need a letter of explanation per the grid below.

Item	SP	P	C	LLC	Included
1 Assumed, Fictitious, Trade, or Doing Business As Name Certificate	X	X	X	X	
2 Driver's License in color for all owners, partners, shareholders.	X	X	X	X	
3 Proof of U.S. Citizenship - Current Passport in color, Birth Certificate, Naturalization Certificate, or Permanent Resident Certificate.	X	X	X	X	
4 Proof of Ethnicity all owners; Birth Certificate or Parents Birth Certificates	X	X	X	X	
5 Resumes for all Owners, directors, partners, key personnel	X	X	X	X	
6 Bank Signature Card(s) & Banking Resolutions	X	X	X	X	
7 Documentation of how company was capitalized - Initial Capital Contributions	X	X	X	X	
8 Financial Statements for 1 year or for time Applicant has operated. Include balance sheet, profit & loss statement; if less than 1 year, certify by highest-ranking officer, manager or partner of Applicant and include opening balance sheet & projection of income	X	X	X	X	
9 Financial Statement of any affiliates of Applicant in existence 1 full fiscal year - Profit & Loss (Income Statement) & Balance Sheet	X	X	X	X	
10 Certificate Of Authority from Domestic Secretary of State Registration	X	X	X	X	
11 Certificate of Authority from Foreign Secretary of State Registration - If Applicable	X	X	X	X	
12 Articles of Incorporation & Amendments filed with Secretary of State & Formation Certificate			X		
13 Bylaws & Amendments certified by Secretary of corporation			X		
14 Stock Register for Applicant or stock ledgers showing listing of share issuance or Ownership Share Unit Ledger for LLC			X	X	
15 Copies of all stock/ownership certificates, front & back, canceled, transferred and surrendered and any stock assignments separate from certificate relating to canceled shares which are not endorsed on back -in color & next blank.			X	X	
16 Equipment Rental, Lease, or Purchase Agreements signed	X	X	X	X	
17 Equipment Rental, Lease, or Purchase Agreement most recent 3 payments	X	X	X	X	
18 Initial Incorporator's or Organization Meeting Minutes, Initial Shareholders Meeting Minutes, Initial Directors Meeting Minutes or Initial Member Meeting Minutes for Formation. Most Recent Meeting Minutes for Corp or S-Corp. Most Recent Meeting Minutes to Include LLC Member Meeting if applicable, Most recent Shareholders Meeting Minutes, Most Recent Directors Meeting Minutes.			X	X	
19 Equipment Owned or Available List; Name, Description, year acquired, value	X	X	X	X	

Item	SP	P	C	LLC	Included
20	Business Tax returns for 2 previous fiscal years. The submitted tax returns must include ALL schedules, forms and support statements, as required by and filed with the IRS. Tax returns under any previous ownership type(s) within the same current 3-year period must also be submitted.				
		X	X	X	
	X		X		
21	X	X	X	X	
22				X	
23				X	
24				X	
25				X	
26	X	X	X	X	
27	Agreements effective within 12 months preceding the date of this application and reflecting:				
	X	X	X	X	
	X	X	X	X	
	X	X	X	X	
	X	X	X	X	
	X	X	X	X	
28	X	X	X	X	
29	X	X	X	X	
30	X	X	X	X	
31	X	X	X	X	
32	X	X	X	X	
33	X	X	X	X	
34	X	X	X	X	
35	X	X	X	X	



SWORN OR AFFIRMED AFFIDAVIT

The undersigned swear(s) or affirm(s), under penalty of perjury in her state’s domicile, that all statements made in this application and supporting documentation are true. Any misrepresentation or omission of information in this application and supporting documentation will be grounds for denial of MBE Certification and, if discovered after certification is granted, grounds for decertification.

Applicant acknowledges that there will be site visits to confirm Applicant’s status as a minority owned and controlled business enterprise and that such site visits may be without advance notice. Applicant agrees to cooperate with the site visitor and make available all relevant information and personnel.

The undersigned agrees to hold harmless NWBOC, any certification committee, or other officers, directors, employees and volunteers from any liability resulting from any action related to its application. Applicant agrees to fully cooperate with NWBOC and respond to all questions and requests for information. Applicant also agrees to respond to future surveys by NWBOC. The undersigned acknowledge(s) that submission of an application does not guarantee MBE certification. If certification is denied, NWBOC or its appropriate certification committee will advise Applicant of the reasons for denial, and Applicant agrees to arbitrate any disputes related to denial of MBE Certification.

For further information on the certification process and procedures, please consult the NWBOC Certification Procedures for MBE at our website, www.nwboc.org.

Applicant acknowledges and agrees that it will notify NWBOC, SBA, or any appropriate and applicable certifying entity, agent, or agency of any changed circumstances, including a change in certification regulation or a change in the MBE, that could make the MBE ineligible for the MBE Program or of any intended changes that may affect certification in the future. NWBOC will consider whether such changed circumstances are grounds for withdrawal.

Signature	Name	Date

Notary:

Upon receipt of the completed application for certification and related documentation, the NWBOC staff will review these documents for completeness. Every attempt will be made to complete the certification process within 90 days. It is important for Applicant to cooperate with NWBOC and any certification committee to ensure that this deadline can be met. We may call Applicant’s contact person with questions and requests for information, and to schedule site visits by a staff, or certification committee member. Applicant may be asked to direct appropriate third parties, such as its attorneys, accountants and other professional advisors to provide and discuss information needed during the certification process.

The Applicant may at any time send a request to NWBOC by certified mail, return receipt requested, that its application be withdrawn. If the application has not been reviewed, \$50 will be retained from the application fee for the preliminary processing and return postage. If the application process has begun, and the application is withdrawn, the business closed or sold or the company is denied certification, the application fee is non-refundable.

Applicant will be notified of the certification decision in writing.