



APPLICATION FOR NATIONAL CERTIFICATION
AS A VETERAN OWNED AND CONTROLLED BUSINESS
VETERAN BUSINESS ENTERPRISE (VBE)

INTRODUCTION

We welcome your interest in NWBOC's national certification as a Veteran 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 veteran owned and controlled businesses as suppliers.

In order to be certified, the veteran business owner must: be the Chief Executive Officer or in the equivalent position; be a U.S. citizen or have permanent resident status; be active in daily management; and has fulfilled NWBOC requirements for definition of a Veteran in addition to the following:

OWNERSHIP

A veteran 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 veteran 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;
- veteran 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
- veteran 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 veteran owned and controlled, and you should not complete this application until such time as the criteria can be met.

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 all items are addressed.
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 information.
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 and supporting documentation and application fee to:

NWBOC

12828 E. 13th St. N.,

Suite #9

Wichita, KS 67230



VETERAN BUSINESS ENTERPRISE APPLICATION

The Standards & Procedures and this application form comprise living documents that will be continuously refined to meet the evolving need of NWBOC's stakeholders. NWBOC and its certification committees reserve the right to revise documents at any time without notice to any Applicant or other party.

GENERAL APPLICANT INFORMATION & HISTORY

PLEASE FILL IN FORM AS APPROPRIATE

1 Date _____

2 Applicant's Business Name _____

3 Contact Person and Title _____

*Applicant must be contact person.

4 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 _____

13 NAICS Code(s) (refer to www.census.gov) 13a _____ 13b _____

(Maximum of 5, with the most relevant first,
the second most important next, and so on)

13c _____ 13d _____

13e _____

14 Construction Specification Institute Code(s) 14a _____ 14b _____ 14c _____

15 Product Service Code(s) (PSC) _____

16 Other Secondary Industry Code(s) _____

17 Federal Supply Classification Code (FSC) _____

18 Commercial and Government Entity Code (CAGE) _____

19 D-U-N-S Number (9 Digits) _____

19a Nature of Business:
Specify major services/products _____



GENERAL APPLICANT INFORMATION & HISTORY (CONTINUED) PLEASE FILL IN FORM AS APPROPRIATE

20a 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

20b Fictitious/DBA business name or prior name of business _____

Period of time start date from _____ 20c to _____ 20d

20e Address DBA registered to _____

20f City _____ State 20g _____ Zip Code 20h _____

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

21a Facility 1 Address _____

21b City _____ State 21c _____ Zip Code 21d _____

21e Telephone (including area code) _____

21f Facility 2 Address _____

21g City _____ State 21h _____ Zip Code 21i _____

21j Telephone (including area code) _____

22 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. (Note: this history may be edited for inclusion in the Database.)

23a Number of employees of Applicant _____

* All locations



LEGAL STRUCTURE AND INTERNAL RELATIONSHIPS

24 Legal structure (check one)

- Sole Proprietorship General Partnership Limited Liability Partnership
 Limited Liability Company Limited Partnership
 S Corporation C Corporation

24a Date of Incorporation or Establishment: _____

* To match Secretary of State or County initial filing date

24b 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
25a		25b		25c	25d	25e	25f
26a		26b		26c	26d	26e	26f
27a		27b		27c	27d	27e	27f
28a		28b		28c	28d	28e	28f
29a		29b		29c	29d	29e	29f
30a		30b		30c	30d	30e	30f
31a		31b		31c	31d	31e	31f

32a 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

32b Affiliate's Business Name _____

32c Contact Person and Title of Affiliate _____ 32d _____

32e Headquarters Address of Affiliate _____

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

32i Telephone (including area code) of Affiliate _____

32j E-Mail Address of Affiliate _____

32k Describe relationship of Affiliate on a separate sheet of paper.

32l Number of employees of Affiliate: _____



LEGAL STRUCTURE AND INTERNAL RELATIONSHIPS (CONTINUED)

33a 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

33b Name of agency/organization _____

33c Type of certification or accreditation sought _____

33d Status of determination on the application _____
[Note: Granted certifications will be noted on the database.]

33e Name of agency/organization _____

33f Type of certification or accreditation sought _____

33g Status of determination on the application _____
[Note: Granted certifications will be noted on the database.]

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

34a _____ 34b _____

34c _____ 34d _____

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):

35a Customer/Client Name _____

Contact Person and Title 35b _____ 35c _____

35d Address _____

35e City _____ 35f State _____ 35g Zip Code _____

35h Telephone (including area code) _____ 35i Facsimile Number _____

36a Customer/Client Name _____

Contact Person and Title 36b _____ 36c _____

36d Address _____

36e City _____ 36f State _____ 36g Zip Code _____

36h Telephone (including area code) _____ 36i Facsimile Number _____



EXTERNAL RELATIONSHIPS

Two largest current projects:

37a Name of Institution _____

37b Type of Account _____

Bank Officer & Title 37c _____ 37d _____

37e Address _____

37f City _____ State 37g _____ Zip Code 37h _____

37i Telephone (including area code) _____

Facsimile Number 37j _____

38a Name of Institution _____

38b Type of Account _____

Bank Officer & Title 38c _____ 38d _____

38e Address _____

38f City _____ State 38g _____ Zip Code 38h _____

38i Telephone (including area code) _____

Facsimile Number 38j _____

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

39a Owners to Applicant _____

Applicant to owner(s) 39b _____

39c Financial institution(s) to Applicant _____

Other, including private lenders or affiliates (specify) 39d

39e Applicant has not received any loans _____

EXTERNAL RELATIONSHIPS (CONTINUED)

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

*Click Check Box under YES or NO

		Yes	No	If yes, identify and describe the sharing arrangements
40a	Employees			
40b	Financing			
40c	Equipment			
40d	Vehicles			
40e	Inventory			
40f	Insurance coverage			
40g	Accounting services			
40h	Legal services			
40i	Office/Plant			
40j	Storage facilities			
40k	Other			

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



DOCUMENTS REQUIRED TO SUPPLEMENT APPLICATION

Applicant's Name _____

Applicant must show that a veteran owns and controls its company through responses to the application questions, supporting documentation, interviews and site visit(s). Supporting documentation may include third-party analyses, such as legal opinions, audits, appraisals and valuations.

The submission of certain documents may depend on whether Applicant is a sole proprietorship (SP); a partnership (P); a corporation (C); or a limited liability company (LLC). If Applicant is a limited liability partnership, complete as though a partnership. Check the "included" boxes to note you have provided the copies or note "NA." Please submit one copy of each required document.

Item	SP	P	C	LLC	Included
1 Bank resolutions by Applicant's board of directors (deposit accounts and loans)			X		
2 Credit authorization and signature authority	X	X	X	X	
3 Current financial institution statements for all deposit accounts and loans	X	X	X	X	
4 Signature cards authenticated by financial institutions	X	X	X	X	
5 Birth certificates for each veteran owner	X	X	X	X	
6 Driver's licenses or other legal photo identification of all veteran owners	X	X	X	X	
7 Documentation re: affiliates not shown in stock register		X	X	X	
8 All iterations of Bylaws in effect at any time in the 12 months preceding the date of the application certified by Secretary of corporation			X		
9 Major equipment leases	X	X	X	X	
10 Financial statement, including balance sheet and profit and loss statement, for current period ending no later than 90 days prior to date of application and for three immediately preceding fiscal years, or for the time Applicant has operated, if less than one year, certified by highest ranking officer, manager or partner of Applicant	X	X	X	X	
11 If Applicant was established in the 12 months preceding the date of application, an opening balance sheet and projection of income	X	X	X	X	
12 Financial statements of any affiliates of Applicant in existence in the 12 months preceding the date of application	X	X	X	X	
13 All iterations of articles of incorporation in effect at any time in the 12 months preceding the date of the application			X		
14 Articles or certificate of incorporation filed with the Secretary of State including all amendments thereto			X		
15 Authority to conduct business in state of operation and/or Certificate of Good Standing by the Secretary of State of state of incorporation, if different (if issued)	X				
16 Statement of Information (showing officers and directors of corporation, managers or members of LLC, or general partners) filed with the Secretary of State		X	X	X	
17 Minutes of corporate shareholders and board of directors meetings, or written consent to actions without meetings, which occurred in the 12 months preceding the date of this application, including minutes reflecting board resolutions appointing directors and officers, certified by secretary as true and correct copy of validly held meeting and original organizational minutes and any subsequent Minutes which record changes in ownership, control and/or management of corporation			X		

Item	SP	P	C	LLC	Included
18	Tax returns for the three 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. Please ensure all submitted returns cover a full 36-month period. <ul style="list-style-type: none"> • Federal tax form 1065 (including K(1)) • Federal tax form 1120C (corporations) • Federal tax form 1120S (plus K(s)) (S corporations) • Federal tax form 1040 including Schedule C 				
19	X	X	X	X	
20		X			
21				X	
22				X	
23				X	
24				X	
25				X	
26	Agreements effective within 12 months preceding the date of this application and reflecting: <ul style="list-style-type: none"> a. Purchases and sales of ownership interests in Applicant and options to purchase including: <ul style="list-style-type: none"> • acquisitions of stock or other ownership interest • purchases of franchises b. Loan agreements or credit agreements and any security agreements relating thereto pursuant to which equity interests or assets of Applicant are pledged as security, promissory notes, bonding, indentures and other debt instruments with the following information: <ul style="list-style-type: none"> • repayment schedule • specified interest rate • security or collateral given • maturity date • amount of consideration paid or payable for the debt • guarantees of debt and contract information for guarantors c. Ownership voting (i.e. proxies and voting trust agreements) d. Management services e. Distributorship f. Sharing arrangement g. Employment of key personnel h. Joint venture i. Equity participation or phantom equity plans, restricted stock or ownership interests or options for stock or ownership interest or plans therefore (attach a separate sheet and identify all holders of options and/or participants in such plans) j. Buy-Sell or other inter-owner agreements that restrict or affect in any way disposition of ownership interests in business entity k. Agreements allocating distributions of profits of the business or from a sale or liquidation of the business or a basis other than or the basis of the percentages of ownership indicated 				

Item	SP	P	C	LLC	Included
27			X		
28			X		
29	X	X	X	X	
30	X	X	X	X	
31	X	X	X	X	
32	X	X	X	X	
33	X				
34	X	X	X	X	
35	X	X	X	X	
36	X	X	X	X	
37		X			
38			X		
39				X	
40	X	X	X	X	



SWORN OR AFFIRMED AFFIDAVIT

The undersigned swear(s) or affirm(s), under penalty of perjury in her/his 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 NWBOC 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 veteran owned and controlled business 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 or its certification committees. The undersigned acknowledge(s) that submission of an application does not guarantee NWBOC 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 NWBOC Certification.

Whether or not certified, Applicant agrees to be bound by all of the terms and conditions of the Standards & Procedures of NWBOC, including the arbitration provision.

Applicant acknowledges and agrees that it will notify NWBOC of a change of ownership and control that could result in Applicant no longer qualifying for NWBOC certification within thirty (30) days of the occurrence of the event and that it will not represent itself to third parties after the occurrence of such event as being certified and acknowledges that its certification will automatically terminate on such change of ownership and control.

Signature	Name	Date

NEXT STEPS

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, if the application received is complete. Any missing documentation will cause a delay in the application process. 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, or its related certification committee by certified mail, return receipt requested that its application be withdrawn. Once a review has commenced, application fee is not refundable.

Applicant will be notified of the certification decision in writing.