



APPLICATION FOR NATIONAL CERTIFICATION  
AS A WOMAN-OWNED AND CONTROLLED BUSINESS

**WOMAN OWNED SMALL BUSINESS OR ECONOMICALLY  
DISADVANTAGED WOMAN OWNED SMALL BUSINESS (WOSB/EDWOSB)**

**INTRODUCTION**

We welcome your interest in the WOSB/EDWOSB Certification program. The standards were established by the U.S. Small Business Administration, as set forth in 13 C.F.R. Part 127. The National Women Business Owners Corporation (NWBOC) is an approved Third Party Certifier pursuant to the Third Party Certifier Agreement, dated June 30, 2011, and available at [www.sba.gov/wosb](http://www.sba.gov/wosb). Certification can result in a marketing opportunity for your business to develop supplier relationships with larger companies and the public sector. Certification also enables contractors to identify, quantify and report the extent to which they utilize woman-owned and controlled businesses as suppliers.

In order to be certified, the woman business owner must be the Chief Executive Officer or equivalent position, be a U.S. citizen, and be active in daily management in addition to the following:

**OWNERSHIP**

**A woman or women own(s) one of the following:**

- 100% of the assets of a sole proprietorship
- 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 woman if the corporation was liquidated
- At least 51.0% of the membership interests in a limited liability company
- Female(s) control the Board of Directors (may appoint, meet independently, etc.)

**CONTROL**

**A woman or women actively participates in the management of and controls the following:**

- 100% of the control of a sole proprietorship
- A woman or women 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
- At least 51% of the control of a general partnership

**SIZE**

Meets the SBA standards for a small business (number of employees and/or gross sales) for appropriate NAICS codes. The SBA size standards by industry can be found on the SBA website:

[https://www.sba.gov/sites/default/files/2020-05/Size\\_Standards\\_Table\\_2017.pdf](https://www.sba.gov/sites/default/files/2020-05/Size_Standards_Table_2017.pdf).

**NAICS CODES**

Business type must be in underrepresented or substantially underrepresented NAICS codes for women-owned companies as listed by SBA. The list of NAICS codes can be found at the SBA website:

<https://www.sba.gov/document/support--qualifying-naics-women-owned-small-business-federal-contracting-program>.

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 a woman-owned and controlled small business or economically disadvantaged woman-owned and controlled small business, 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 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 to note the question number and record the business name and date of application on each additional page or exhibit. It may be advantageous to use a notebook and dividers to organize your information.
3. Sign and date the application.
4. For WOSB / EDWOSB Certification, enclose a check for \$400 made payable to NWBOC (a 501c3 nonprofit organization) to offset review costs. You may choose to also obtain WBE certification at the same time, and if you do the combined application fee is \$700 (a discount of \$100.) Occasionally, there are additional minor travel costs incurred by the site visit. If during the process, you withdraw your application, close/sell your business, or are denied certification, the \$400 (or \$700 if applying for both certifications) is non-refundable. Under SBA regulations, the applicant may obtain WOSB and EDWOSB certification, at no cost, through the SBA.
5. Submit one copy of the application, sworn affidavit, supporting documentation and application fee to:

### **NWBOC**

12828 E. 13th St. N

Suite #9

Wichita, KS 67230



APPLICATION FOR:  
WOMAN OWNED SMALL BUSINESS PROGRAM CERTIFICATION  
**WOMAN OWNED SMALL BUSINESS ENTERPRISE (WOSB)**

**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 \_\_\_\_\_

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 Website Address \_\_\_\_\_

13 Dunn & Bradstreet (DUNS) Number (9 Digits) \_\_\_\_\_

14a Nature of Business:  
Specify major services/products \_\_\_\_\_

14b NAICS Code(s) (refer to [www.census.gov](http://www.census.gov))  
Maximum of 5—with the most relevant first \_\_\_\_\_



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 \_\_\_\_\_

15c Company start date from \_\_\_\_\_ 15d to \_\_\_\_\_

15e Address DBA registered to \_\_\_\_\_

15f City \_\_\_\_\_ 15g State \_\_\_\_\_ 15h Zip Code \_\_\_\_\_

List all of applicant's facilities in addition to headquarters stated in item 4 (attach additional sheets if necessary).

\*If no alternate address, enter N/A.

16a Facility One Address \_\_\_\_\_

16b City \_\_\_\_\_ 16c State \_\_\_\_\_ 16d Zip Code \_\_\_\_\_

16e Telephone (including area code) \_\_\_\_\_

16f Facility Two Address \_\_\_\_\_

16g City \_\_\_\_\_ 16h State \_\_\_\_\_ 16i Zip Code \_\_\_\_\_

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.

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

18a Legal Structure (check one)

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

18b Acquisition Type; How business was acquired or started:

18c Date of Incorporation or Establishment \_\_\_\_\_

\* To match Secretary of State or County Initial Filing Date

18d 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				
19a			19b		19c		19d		19e		19f
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 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.

26b Affiliate's Name \_\_\_\_\_

26c Contact Person \_\_\_\_\_ 26d Title of Affiliate \_\_\_\_\_

26e Headquarters Address of Affiliate \_\_\_\_\_

26f City \_\_\_\_\_ 26g State \_\_\_\_\_ 26h Zip Code \_\_\_\_\_

26i Telephone (including area code) of Affiliate \_\_\_\_\_

26j E-Mail Address of Affiliate \_\_\_\_\_

26k Describe relationship of affiliate on a separate sheet of paper.

26l Number of Employees of Affiliate \_\_\_\_\_

## OTHER INFORMATION

27a 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. This 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

27b Name of Agency/Organization \_\_\_\_\_

27c Type of Certification or Accreditation sought \_\_\_\_\_

27d Status of Determination on the Application \_\_\_\_\_  
(Granted certifications will be on the database.)

27e Name of Agency/Organization \_\_\_\_\_

27f Type of Certification or Accreditation sought \_\_\_\_\_

27g Status of Determination on the Application \_\_\_\_\_  
(Granted certifications will be on the database.)

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

28a \_\_\_\_\_ 28b \_\_\_\_\_

28c \_\_\_\_\_ 28d \_\_\_\_\_

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).

29a Customer/Client Name \_\_\_\_\_

29b Contact Person \_\_\_\_\_ 29c Title \_\_\_\_\_

29d Address \_\_\_\_\_

29e City \_\_\_\_\_ 29f State \_\_\_\_\_ 29g Zip Code \_\_\_\_\_

29h Telephone (including area code) \_\_\_\_\_ 29i Facsimile Number \_\_\_\_\_

30a Customer/Client Name \_\_\_\_\_

30b Contact Person \_\_\_\_\_ 30c Title \_\_\_\_\_

30d Address \_\_\_\_\_

30e City \_\_\_\_\_ 30f State \_\_\_\_\_ 30g Zip Code \_\_\_\_\_

30h Telephone (including area code) \_\_\_\_\_ 30i Facsimile Number \_\_\_\_\_

## TWO LARGEST CURRENT PROJECTS

31a Customer/Client Name \_\_\_\_\_

31b Project Name/Type \_\_\_\_\_

31c Contact Person \_\_\_\_\_ 31d Title \_\_\_\_\_

31e Address \_\_\_\_\_

31f City \_\_\_\_\_ 31g State \_\_\_\_\_ 31h Zip Code \_\_\_\_\_

31i Telephone (including area code) \_\_\_\_\_

31j Facsimile Number \_\_\_\_\_

32a Customer/Client Name \_\_\_\_\_

32b Project Name/Type \_\_\_\_\_

32c Contact Person \_\_\_\_\_ 32d Title \_\_\_\_\_

32e Address \_\_\_\_\_

32f City \_\_\_\_\_ 32g State \_\_\_\_\_ 32h Zip Code \_\_\_\_\_

32i Telephone (including area code) \_\_\_\_\_

32j Facsimile Number \_\_\_\_\_

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

33a Owner(s) to Applicant \_\_\_\_\_ 33b Applicant to Owner(s) \_\_\_\_\_

33c Financial institution(s) to Applicant \_\_\_\_\_ 33d Other, including private lenders or affiliates (specify) \_\_\_\_\_

33e Applicant has not received any loans. \_\_\_\_\_

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.
34a	Employees			
34b	Financing			
34c	Equipment			
34d	Vehicles			
34e	Inventory			
34f	Insurance Coverage			
34g	Accounting Services			
34h	Legal Services			
34i	Office/Plant			
34j	Storage Facilities			
34k	Other			

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





**DOCUMENTS REQUIRED - WOSB/EDWOSB CERTIFICATION**

Applicant's (Company) Name \_\_\_\_\_

Applicant must show that a woman (or women) owns and controls all aspects of the company/business. 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). Check the included boxes to note you have provided the copies or note N/A. Please submit one copy of each required document with the completed application. NWBOC maintains the right to request clarification of information contained in the application at any time during the certification process. LOE stands for letter of explanation. Use drop down boxes to select X for document included, X & LOE for document and letter of explanation included, and N/A for documents that do not apply to your legal structure or situation per grid below.

Item	SP	P	C	LLC	Included
1 Birth Certificate, Current Passport or Naturalization Papers	X	X	X	X	
2 Driver License	X	X	X	X	
3 Resumes of all owners, directors, partners, officers & key personnel (education, employment past & present)	X	X	X	X	
4 Current bank statements for all deposit accounts and loan statements	X	X	X	X	
5 Signature cards authenticated by financial institutions	X	X	X	X	
6 Bank resolutions			X		
7 Documentation of how company was capitalized	X	X	X	X	
8 Financial statements for three years or for time applicant has operated. Include balance sheet, profit & loss statement; if less than one 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 in 12 preceding months	X	X	X	X	
10 Assumed/Fictitious Name Certificate	X	X	X	X	
11 Authority to conduct business in state and/or Certificate of Good Standing issued by Secretary of State	X	X	X	X	
12 Articles of Incorporation & amendments filed with Secretary of State			X		
13 Bylaws & amendments certified by Secretary of corporation			X		
14 Statement of Information filed with Secretary of State listing officers, directors, managers, members or general partners		X	X	X	
15 Copies of all stock certificates, front & back, ever issued including those that are canceled, transferred and surrendered and any stock assignments separate from certificate relating to canceled shares which are not endorsed on back			X		
16 Stock Register for applicant or stock ledgers showing listing of share issuance			X		
17 Minutes of corporate shareholders and directors meetings or written consent to actions without meetings within twelve 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			X		
18 Shareholder or voting agreements, if any			X		

Item	SP	P	C	LLC	Included
19	Include tax returns for 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 three-year period must also be submitted. <ul style="list-style-type: none"> <li>• Federal tax form 1065 (including K-1s)</li> <li>• Federal tax form 1120C (C corporations)</li> <li>• Federal tax form 1120S (plus K-1s) (S corporations)</li> <li>• Federal tax form 1040 including Schedule C and SE</li> </ul>				
20		X		X	
21				X	
22				X	
23				X	
24				X	
25	X	X	X	X	
26	Agreements effective within 12 months preceding the date of this application and reflecting: <ul style="list-style-type: none"> <li>a. Purchases and sales of ownership interests in Applicant including acquisitions of stock or other ownership interest or purchases of franchises</li> <li>b. Loan agreements, credit agreements or security agreements</li> <li>c. Joint Venture Agreement with any third party or Partnership Agreement</li> <li>d. Agreements allocating distributions of profits of the business or from sale or liquidation of the business or a basis other than on the basis of the percentages of ownership indicated or Shareholder Agreement(s)</li> <li>e. Others including management services, sharing arrangements, employment of key personnel, and/or equity participation</li> </ul>				
27	X	X	X	X	
28	X	X	X	X	
29	X	X	X	X	
	For EDWOSB applicants only (provide all of the above with the following additional items):				
30	X	X	X	X	
31	X	X	X	X	



I \_\_\_\_\_, owner of

\_\_\_\_\_, authorize NWBOC to provide SBA or any federal government agency documentation for certification upon request by SBA or any Federal Government entity in response to a status protest, eligibility examination, performance review, investigation or audit in the time frame specified.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**SWORN OR AFFIRMED AFFIDAVIT**

The undersigned swear(s) or affirm(s), under penalty of perjury in his/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 WOSB/EDWOSB 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 woman-owned and controlled small business enterprise and that such site visits may be without notice. Applicant agrees to cooperate with the site visitor and make available all relevant information and personnel.

The undersigned agree(s) 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(s) agree(s) to fully cooperate with NWBOC and respond to all questions and requests for information. Applicant(s) also agree(s) to respond to future surveys by NWBOC. The undersigned acknowledge(s) that submission of an application does not guarantee WOSB/EDWOSB certification. If certification is denied, NWBOC or its appropriate certification committee will advise applicant(s) of the reasons for denial, and applicant(s) agree(s) to arbitrate any disputes related to denial of WOSB/EDWOSB Certification.

For further information on the certification process and procedures, please consult the NWBOC certification procedures for WOSB/EDWOSB at [www.nwbo.org](http://www.nwbo.org).

Applicant(s) acknowledge(s) and agree(s) that he/she/they will notify NWBOC 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 WOSB/EDWOSB, that could make the WOSB/EDWOSB ineligible for the WOSB/EDWOSB 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, if the application received is complete. Any missing documentation will cause a delay in the application process. It is important for the applicant to cooperate with NWBOC and any certification committee to ensure that this deadline can be met. We may call the applicant with questions and requests for information, and to schedule site visits by a 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(s) 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(s) will be notified of the certification decision in writing.