

# 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 fulfill 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 owner if the corporation was liquidated
- 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
- 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. We highly recommend you review the standards for certification before applying. The complete certification requirements can be found at <a href="https://www.nwboc.org">www.nwboc.org</a>.

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, 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



# APPLICATION FOR: VETERAN-OWNED BUSINESS PROGRAM CERTIFICATION APPLYING FOR:

# **VETERAN BUSINESS ENTERPRISE (VBE)**

GE	NERAL APPLICANT INFORMATION & HISTO	DRY 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)  Maximum of 5—with the most relevant first	



# GENERAL APPLICANT INFORMATION & HISTORY (CONT.)

15a Is applicant currently operat operated under another name?  If yes, complete the items below; if no, enter	Yes No	business name or has applicant previously
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 ad *If no alternate address, enter N/A.	dition to headquarters stated	in item 4 (attach additional sheets if necessary).
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 appli document which provides this info		sheet of paper, or attach a brochure or other



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 Co	rporation	
18b Acquisition Type; How bu	usiness was acquired or sta	rted:
18c Date of Incorporatio	n or Establishment	
* To match Secretary of State o	r County Initial Filing Date	
18d Who controls manag	gement	

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).

and daily operations of the business? \_

				INDICATE WHETHER OWNERSHIP	GENDER			OWNERSHIP & CURRENT STATUS				
	NAME	MARIT. STATU		INTEREST IS SEPARATE (S) OR COMMUNITY (C) PROPERTY	MA	LE	FEM	IALE	ģ	%	ACTI	VE
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 of yes, complete the following on each affiliat		-		Yes	No
26b Affiliate's Name					
26c Contact Person		_ 26d Title of Affili	ate		
26e Headquarters Address of Affilia	ate				
26f City	26g State	26	h Zip Code		
26i Telephone (including area code) of	Affiliate				
26j E-Mail Address of Affiliate					
26k Describe relationship of affiliat	e on a separate sheet	of paper.			
261 Number of Employees of Affilia	ate				



### OTHER INFORMATION

27a Has applicant previously applied for any federal, state, county, or local	government a	gency, private organization, or	
industry standard? If yes, provide the County, Local Minority Certificatio	ns, Minority F	arming Certifications, Minority	Yes
Law Firm Certifications, Woman C Veteran Certifications, State or Fede Certifications, Safety or Security Acc	ral Governmen	t Certifications, Industry Special	No
27b Name of Agency/Organization			
27c Type of Certification or Accreditatio	n sought		
27d Status of Determination on the Appl	ication		
27e Name of Agency/Organization			
27f Type of Certification or Accreditation	sought		
27g Status of Determination on the Appl (Granted certifications will be on the database.)	ication		
Applicant intends to use VBE Certification	on, if granted, v	vith the following corporations, state,	local, or federal
28a		28b	
28c		28d	
Two customers/clients with which applic date of this application (if the company has p			
29a Customer/Client Name			
29b Contact Person		29c Title	
29d Address			
29e City	29f State	29g Zip Cod	e
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 Cod	e
30h Telephone (including area code)		30i Facsimile Number	



	TWO LARGEST CURRENT F	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 (check all that apply).	g or outstanding within the 12	2 months preceding the date of the application
33a Owner(s) to Applicant	33b A	pplicant to Owner(s)
33c Financial institution(s) to Applicant	33d O includ	ther, ing private
33e Applicant has not received any loans.		rs or affiliates



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 - VETERAN BUSINESS ENTERPRISE (VBE) CERTIFICATION

Applicant's (Company) Name	

Applicant must show that a veteran 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	Р	С	LLC	Included
1	Birth Certificate, Current Passport or Naturalization Papers	X	Х	X	X	
2	Driver License	X	X	Х	Х	
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			Х		
7	Documentation of how company was capitalized	X	X	Х	Х	
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	Х	X	X	
10	Assumed/Fictitious Name Certificate	Х	Х	Х	Х	
11	Authority to conduct business in state and/or Certificate of Good Standing issued by Secretary of State	X	Х	×	X	
12	Articles of Incorporation & amendments filed with Secretary of State			Х		
13	Bylaws & amendments certified by Secretary of corporation			Х		
14	Statement of Information filed with Secretary of State listing officers, directors, managers, members or general partners		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			×		
16	Stock Register for applicant or stock ledgers showing listing of share issuance			Х		
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	Р	С	LLC	Included
	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.					
19	• Federal tax form 1065 (including K-1s)		X		X	
	• Federal tax form 1120C (C corporations)			X		
	<ul> <li>Federal tax form 1120S (plus K-1s) (S corporations)</li> </ul>			X		
	Federal tax form 1040 including Schedule C and SE	X				
20	Partnership Agreement including amendments		X			
21	LLC Articles of Organization, Certificate of Organization or Articles of Formation including all amendments				X	
22	LLC Operating Agreement including all amendments				X	
23	LLC Management Agreement (if any) including all amendments				Х	
24	If LLC is manager managed, copies of minutes of meetings or written consents which record any change in ownership, control or management of LLC or when manager(s) were appointed				X	
25	IRS Form SS-4 application and/or IRS letter providing employer's taxpayer identification number	Х	Х	Х	Х	
	Agreements effective within 12 months preceding the date of this application and reflecting:					
	a. Purchases and sales of ownership interests in Applicant including acquisitions of stock or other ownership interest or purchases of franchises	X	X	X	X	
	b. Loan agreements, credit agreements or security agreements	X	X	X	X	
26	c. Joint Venture Agreement with any third party or Partnership Agreement	X	X	X	X	
	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)	X	X	X	X	
	e. Others including management services, sharing arrangements, employment of key personnel, and/or equity participation	X	X	X	×	
27	Professional, industry and/or business licenses	Х	Х	Х	Х	
28	Copy of lease or deed for business location; if located in home, a letter so stating	Х	Х	Х	Х	
29	DD214 for all veteran owners	Х	Х	Х	Х	



#### 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 VBE 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 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 VBE 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 VBE Certification.

For further information on the certification process and procedures, please consult the NWBOC certification procedures for VBE at <a href="https://www.nwboc.org">www.nwboc.org</a>.

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 VBE, that could make the VBE ineligible for the VBE 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 applicant to cooperate with NWBOC and any certification committee to ensure that this deadline can be met. We may call 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.