



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 criteria 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; or
- at least 51.0% of the membership interests in a limited liability company.

**CONTROL**

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

- 100% of the control of a sole proprietorship;
- Female(s) control the Board of Directors (may appoint, meet independently, etc.);
- 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;
- Holds the highest office in the company.

**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. If your application is returned for incompleteness because you have failed to provide the required information within the time allowed, \$100 will be retained from your original fee for the preliminary processing. 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 APPLYING FOR:

GENERAL APPLICANT INFORMATION & HISTORY

PLEASE FILL IN FORM AS APPROPRIATE

1 Date \_\_\_\_\_

2 Applicant's Business Name \_\_\_\_\_  
\*Applicant must be contact person.

3 Contact Person and Title \_\_\_\_\_

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](http://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 Nature of Business:  
Specify major services/products \_\_\_\_\_



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



**LEGAL STRUCTURE AND INTERNAL RELATIONSHIPS**

19a Legal structure (check one)

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

19b Date of incorporation or Establishment: \_\_\_\_\_

\* To match Secretary of State or county initial filing date

19c 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 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 LARGEST CURRENT PROJECTS

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

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

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

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

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

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

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

33a Customer/Client Name \_\_\_\_\_

33b Project Name/Type \_\_\_\_\_

Contact Person and 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 \_\_\_\_\_

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
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?			





**DOCUMENTS REQUIRED - WOSB/EDWOSB CERTIFICATION**

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

Applicant must show that a woman (or women) owns and controls applicant. 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, 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. 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; 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's 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 3 years 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 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	Tax returns for 3 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		
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				
				X	
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 IRS letter providing employer's taxpayer identification number				
	X	X	X	X	
26	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 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 repayment schedule, specified interest rate, security or collateral give, maturity date, amount of consideration paid or payable for the debt				
	X	X	X	X	
	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. Other including management services, sharing arrangements, employment of key personnel, equity participation				
	X	X	X	X	
27	Proof of pre-registration on the System for Award Management (SAM) at <a href="http://www.sam.gov">www.sam.gov</a> . This database replaces CCR, ORCA, EPLS and FedReg.				
	X	X	X	X	
28	Professional, industry and/or business licenses				
	X	X	X	X	
29	Copy of lease or deed for business location; if located in home, a letter so stating				
	X	X	X	X	
	For EDWOSB applicants only (provide all of the above with the following additional items):				
30	Personal financial statement SBA Form 413 for WOSB Programs is available to the public.				
	X	X	X	X	
31	Three most recent personal tax returns (including all schedules and W-2 forms) for the woman(en) claiming economic disadvantage and their spouses, unless the individual and their spouse are legally separated.				
	X	X	X	X	



I, \_\_\_\_\_, owner of said applicant,

\_\_\_\_\_, authorize NWBOC to provide SBA or any federal government documentation relied upon 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 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 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 WOSB/EDWOSB 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 WOSB/EDWOSB certification.

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

Applicant acknowledges and agrees that it will notify NWBOC and SBA of any changed circumstances, including a change in SBA’s regulation or a change in the WOSB/EDWOSB, that could make the WOSB/EDWOSB ineligible for the WOSB 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’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.