



APPLICATION FOR NATIONAL CERTIFICATION  
AS A WOMAN-OWNED AND CONTROLLED BUSINESS  
**WOMAN BUSINESS ENTERPRISE (WBE)**

**INTRODUCTION**

We welcome your interest in the WBE Certification program. 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 private companies and the public sector. Certification also enables contractors to identify, quantify and report the extent they utilize woman-owned and controlled businesses as suppliers on local, county, city, state, and corporate levels.

In order to be certified, the woman business owner must be: the Chief Executive Officer or equivalent position; be a U.S. citizen or have permanent resident status; 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 one of 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.

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 business enterprise. You should not complete this application until such a time as the criteria can be met.

If you have questions about the certification or application process, 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. It may be advantageous to use a notebook and dividers to organize your information.
3. Sign and date the application.
4. For WBE Certification, enclose a check for \$400 made payable to NWBOC (a 501c3 nonprofit organization) to offset review costs, data base insertion, and normal on-site visitation and verification process fees. 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 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.
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

## **MISSOURI APPLICANTS ONLY - CONSENT FOR WBE CERTIFICATION WITH LOCAL GOVERNMENT ENTITIES**

NWBOC has begun pursuing agreements with government entities that allow them to accept the NWBOC certification process as their own, with the consent of the business owners. NWBOC has pursued agreements with government entities for the purpose of reducing paperwork and duplication of effort for the woman business owner.

By signing below, you agree that:

1. Everything you provide to NWBOC is true and correct, and all information establishing ownership and control has been provided, as requested.
2. The government entity has the right to review and obtain copies of any materials provided to NWBOC as a basis for certification, but only under these circumstances:
  - Under our agreement with the government entity, we will not release copies of your application documents without your consent.
  - In the event of a copy of your application is requested by the government entity (because of Freedom of Information Law request, for instance) you will be notified of the request, and you will have the option to give your consent for the release of records.
  - If you do not give your consent, NWBOC will not release your records. However, the government entity will then have the right to revoke your certification with them. (This would not revoke your NWBOC certification.) If you are likely to do business with the State of Missouri, please sign below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you would like NWBOC to talk with your city or state about adopting this agreement, please let us know by e-mail to [info@nwbo.org](mailto:info@nwbo.org)



APPLICATION FOR:  
WOMAN OWNED BUSINESS PROGRAM CERTIFICATION APPLYING FOR:  
**WOMAN BUSINESS ENTERPRISE (WBE)**

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

13a NAICS Code(s) (refer to [www.census.gov](http://www.census.gov)).  
Maximum of 5—with the most relevant first. \_\_\_\_\_

13b Construction Specification Institute Code(s) \_\_\_\_\_

13c Other Secondary Industry Code(s) \_\_\_\_\_

13d Federal Supply Classification Code  
Commercial and Government Entity Code \_\_\_\_\_

13e D-U-N-S Number \_\_\_\_\_



GENERAL APPLICANT INFORMATION & HISTORY (CONT.)

14a 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

14b Fictitious/DBA business name or prior name of business \_\_\_\_\_

Period of time start date from \_\_\_\_\_ 14c to \_\_\_\_\_ 14d

14e Address DBA registered to \_\_\_\_\_

14f City \_\_\_\_\_ State 14g \_\_\_\_\_ Zip Code 14h \_\_\_\_\_

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

15a Facility 1 Address \_\_\_\_\_

15b City \_\_\_\_\_ State 15c \_\_\_\_\_ Zip Code 15d \_\_\_\_\_

15e Telephone (including area code) \_\_\_\_\_

15f Facility 2 Address \_\_\_\_\_

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

15j Telephone (including area code) \_\_\_\_\_

16 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.

17 Number of employees of Applicant \_\_\_\_\_

\*Include Employees from all locations



**LEGAL STRUCTURE AND INTERNAL RELATIONSHIPS**

18a Legal structure (check one)

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

18b Date of Incorporation or Establishment: \_\_\_\_\_

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

18c 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 and \_\_\_\_\_ 26d Title of Affiliate \_\_\_\_\_

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

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

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. 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 \_\_\_\_\_  
[Note: Granted certifications will be noted on the database.]

27e Name of agency/organization \_\_\_\_\_

27f Type of certification or accreditation sought \_\_\_\_\_

27g Status of determination on the application \_\_\_\_\_  
[Note: Granted certifications will be noted 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 \_\_\_\_\_

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

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

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

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

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 \_\_\_\_\_



TWO LARGEST CURRENT PROJECTS

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

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

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

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

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

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

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

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 \_\_\_\_\_

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

33a Owners to Applicant \_\_\_\_\_

Applicant to owner(s) 33b \_\_\_\_\_

33c Financial institution(s)  
to Applicant \_\_\_\_\_

Other, including private lenders or affiliates  
(specify) 33d

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?

\*Click Check Box under YES or NO

		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 issue or operate under a franchise, license or other contractual agreement with another concern?			





**DOCUMENTS REQUIRED - WOMAN BUSINESS ENTERPRISE (WBE) 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 "NA." 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; 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. <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>	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 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 c. Joint Venture Agreement with any third party or Partnership Agreement 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) e. Other including management services, sharing arrangements, employment of key personnel, equity participation	X X X X X	X X X X X	X X X X X	X X X X X	
27 Professional, industry and/or business licenses	X	X	X	X	
28 Copy of lease or deed for business location; if located in home, a letter so stating	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 WBE 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 WBE 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 WBE Certification.

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

Applicant acknowledges and agrees that it will notify NWBOC of any changed circumstances, including a change in the WBE, that could make the WBE ineligible for the WBE 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.