

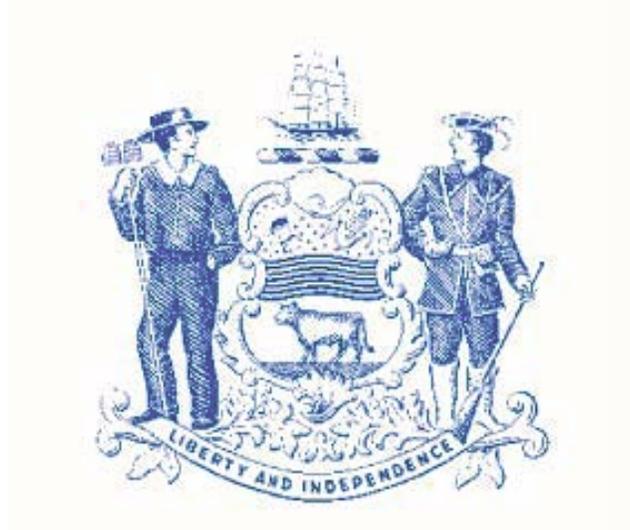


**State of Delaware
Minority, Women and Veteran Business Enterprise
Specialized Application**

**For use by companies that hold current
Minority, Women, Disadvantaged or Veteran Business Enterprise certification from:**

**Disadvantage Business Enterprise [49 CFR Pt 26](#)
Delaware Department of Transportation (DelDOT)
Maryland Department of Transportation (MDOT)
City of Wilmington, Minority Business Enterprise Office ([MBEO](#))
Center for Veterans Enterprise ([VetBiz.gov](#))
National Minority Supplier Development Council ([MSDC](#))
National Minority Business Council ([NMBC](#))
Women Business Enterprise National Council ([WBENC](#))
Pennsylvania Unified Certification ([PAUCP](#))
Pennsylvania Dept. of General Services, Bureau of Minority and Women Business
Opportunities ([BMWBO](#))**

Please inquire about other federal, state and private certifications



Complete application and mail, email or fax to:

Office of Supplier Diversity (OSD)
100 Enterprise Place, Suite 4, Dover, DE 19904-8202
Telephone: 302-857-4554 Fax: 302-677-7086
Email: osd@state.de.us
Web site: <http://gss.omb.delaware.gov/osd/>

Specialized Application Documents

The following documents must be submitted with the application form:

Please note: Submitting tax information provides OSD with documentation required to identify the business as a small business. If you would like to be identified as a small, minority and/or women business enterprise please submit tax information. For additional information on small business criteria please visit <http://www.ccr.gov/SizeStandard.aspx> or <http://www.sba.gov/index.html> (most requested items). Please note the categorization of small business may provide additional opportunities.

Delaware Department of Transportation (DelDOT), Maryland Department of Transportation (MDOT) & Pennsylvania Unified Certification (PAUCP)

1. Copy of the current DelDOT certificate & approval letter.
2. **Optional** — two preceding years of business tax forms. If business tax forms are not available, two preceding years of personal tax forms.

National Minority Supplier Development Council (NMSDC) certified companies, please submit the following:

1. Copy of the current MSDC certificate & approval letter.
2. **Optional** — two preceding years of business tax forms. If business tax forms are not available, two preceding years of personal tax forms (Schedule C).

Women Business Enterprise National Council (WBENC) certified companies, please submit the following:

1. Copy of the current WBENC certification & approval letter.
2. Proof of U.S. citizenship or permanent residency.
3. **Optional** — two preceding years of business tax forms. If business tax forms are not available, two preceding years of personal tax forms (Schedule C).

City of Wilmington

1. Copy of the current City of Wilmington certification & approval letter.
2. Proof of U.S. citizenship or permanent residency.
3. **Optional** — two preceding years of business tax forms. If business tax forms are not available, two preceding years of personal tax forms (Schedule C).

Pennsylvania Department of General Services Minority/Women Business Enterprise

1. Copy of the current DGS MWBE certification & approval letter.
2. Proof of U.S. citizenship or permanent residency.
3. **Optional** — two preceding years of business tax forms. If business tax forms are not available, two preceding years of personal tax forms (Schedule C).

Center for Veterans Enterprise (VetBiz) certified companies, please submit the following:

1. Copy of the current VetBiz certification & approval letter.
2. Proof of U.S. citizenship or permanent residency.
3. **Optional** — two preceding years of business tax forms. If business tax forms are not available, two preceding years of personal tax forms (Schedule C).

OSD use only: Application Date: _____

Mail application to:
 Office of Supplier Diversity
 100 Enterprise Place, Suite 4, Dover, DE 19904-8202
osd@state.de.us

If you have any questions regarding the completion of this application, please contact us at 302-857-4554.

**Note – This section must be filled out in its entirety for the application to be processed.
 Incomplete applications will not be processed.**

1. Business Name(s), Federal Identification Number (EIN/SSN)													
Legal Name of Firm:													
Doing Business As (If applicable):													
Federal E.I. Number/SSN:				E-Mail Address:									
Address line 1:													
Address line 2:													
City			State	Zip Code	Country								
Telephone Number:			Extension:	Fax Number:									
Company Web Site Address:													
Corp	<input type="checkbox"/>	LLC*	<input type="checkbox"/>	S Corp	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	LLP**	<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>	Joint Venture	<input type="checkbox"/>
Date Firm was established?													

* Limited Liability Corporation
 ** Limited Liability Partnership

2. Primary owner applicant information						
Name:				Title:		
Mailing Address:			City:	State:	Zip Code:	Country:
Telephone Number:			Extension:	Fax Number:		
E-Mail Address:						
Date owner acquired controlling interest?						
Sex: <input type="checkbox"/> M <input type="checkbox"/> F				Ethnic Group:		
U.S. Citizen or Permanent Resident: <input type="checkbox"/> No <input type="checkbox"/> Yes						

3. Firm is applying as:			
Minority Business Enterprise		Women Business Enterprise	
<input type="checkbox"/> African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> African American	<input type="checkbox"/> Asian American
<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Native American
<input type="checkbox"/> Subcontinent Asian	<input type="checkbox"/> Other	<input type="checkbox"/> Subcontinent Asian	<input type="checkbox"/> White American
		<input type="checkbox"/> Other	
Veteran Owned Enterprise			
<input type="checkbox"/> Yes			

4. Describe, in detail, what product(s) and/or services your business provides. Attach additional pages and/or the company's catalog or inventory list, if needed. Please note the below capabilities narrative will be posted on the OSD web site.

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5. Six digit North American Industry Classification System (NAICS) Code(s):
(To assist you in determining your NAICS Code(s) go to www.census.gov/naics)

1.	2.	3.	4.	5.	6.
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6. Type of Business

<input type="checkbox"/> Building trade	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Other
<input type="checkbox"/> Consultant	<input type="checkbox"/> Supplier	
<input type="checkbox"/> Generalized service	<input type="checkbox"/> Highway Construction	
<input type="checkbox"/> Licensed professional services		

7. Please list the gross receipts of last two years

(A) Year Ending:	Gross Receipts:	
(B) Year Ending:	Gross Receipts:	

8. Has your office ever been denied by OSD? Yes No

9. Please indicate which organization your firm is certified by.

DelDOT/PAUCP/MDOT <input type="checkbox"/>	MSDC <input type="checkbox"/>	PA MWBE <input type="checkbox"/>	WBNEC <input type="checkbox"/>	City of Wilmington <input type="checkbox"/>
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Other Certifications (please attach additional paper if necessary)

10a. Is the business classified as a small business as identified by The regulations specifying size standards and governing their use are set forth in Title 13, Code of Federal Regulations, part 121 (13 CFR part121), Small Business Size Regulations. For more information please visit - <https://www.bpn.gov/ccr/>

No Yes

10b. Is the business registered with the Central Contractor Registration www.ccr.gov (Please provide proof of registration)

No Yes

11. How did you hear about the Office of Supplier Diversity:

<input type="checkbox"/> OSD staff speak at an event sponsored by another organization	<input type="checkbox"/> OSD staff at a trade show or expo
<input type="checkbox"/> OSD's web site	<input type="checkbox"/> Materials published by OSD
<input type="checkbox"/> Referred by another organization	<input type="checkbox"/> Referred by the owner of an MBE or WBE
<input type="checkbox"/> Delaware state employee	<input type="checkbox"/> Other, please explain briefly:

State of Delaware Minority and/or Women Business Enterprise Affidavit

Hereafter, "the Business" refers to

Business Name

I understand the illegal nature of receiving public or private funds or other property as a consequence of false representation as to the minority, veteran and/or woman status of the business and do herein certify under penalty imposed by Delaware statutes that the information provided is correct and said information herein may be used for the purposes of certifying the business as a Minority, Veteran and/or Women Business Enterprise. Any false representation will be grounds for denying certification or initiating decertification in the future.

I agree to make available for inspection to the OSD office any such materials that may be required to substantiate the degree of minority and women ownership and control of the business. I agree to arrange for on-site inspections of the business' facilities in order to verify information provided in this document.

I agree to provide written information relative to any future change in ownership and/or management of the business to the MWBE office within two weeks of the occurrence of the change. I acknowledge that failure to timely submit required change of status documentation might result in the decertification of the business.

I understand that the certification expiration is three years following the initial date of certification. I further understand that the business must apply for recertification prior to the expiration.

Type or Print Name of Owner

Signature of Owner

Date

Title

Subscribed and sworn to before me this _____ day of _____ a.d.
Month, Year

Signed _____

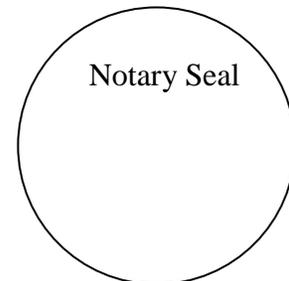
NOTARY PUBLIC IN AND FOR THE

County of _____

State _____

My Commission Expires _____

Date



Optional Questions

You are not required to answer the following questions and the answers will not affect your company's eligibility for certification. However, the answers will help OSD to identify business opportunities that may be suited to your company. Answers may be estimated; exact figures aren't necessary.

For all companies
How many years has your company been conducting business with you as owner?
How many contracts, subcontracts, and/or sales has your company completed during the last 12 months?
What is the largest contract, subcontract, or sale your company completed in the past 24 months?
Has your company done any business with government? <input type="checkbox"/> No; <input type="checkbox"/> Yes
If yes, what level of government (check all that apply): <input type="checkbox"/> Federal; <input type="checkbox"/> State; <input type="checkbox"/> Local
Has your company done any business with government in the State of Delaware? <input type="checkbox"/> No; <input type="checkbox"/> Yes
Number of government contracts, subcontracts, or sales completed (estimate):
For Construction-Related Companies Only (not including suppliers of construction materials)
What is your company's bonding capacity? \$ _____ (indicate "unknown" if you do not know)
What percent of your business is direct contracting?
What percent of your business is subcontracting?

Definitions:

- A minority-owned business is a proprietorship, partnership, corporation or joint-venture that is 51% owned, operated and controlled by members of the following racial groups: African American, Asian/Pacific American, Subcontinent Asian Americans, Hispanic American and Native American.
- A woman-owned business is a proprietorship, partnership, corporation or joint-venture that is 51% owned, operated and controlled by a person that are female.
- A Veteran is an individual who has served in the United States military or has served in the National Guard of the United States for six months and has received a discharge other than a dishonorable discharge.