

State of Delaware
Office of Supplier Diversity
Email: osd@state.de.us
Web site: <http://gss.omb.delaware.gov/osd/>

Recertification Affidavit

For Diversity Certification as: Minority, Women, Veteran, Service Disabled Veteran, and/or Individual with Disability Business Enterprise

I, _____, (business owner) do solemnly swear that there has not been a change in the operational control, management control, ownership of my firm, or in any of the required documentation submitted to the State of Delaware since my last certification approval by the Office of Supplier Diversity (OSD), except those changes I have reported to OSD and those documents I have enclosed with this affidavit. The business known as _____ is a (circle all that apply) Minority, Women, Veteran, Service Disabled Veteran, and/or Individual with Disability Business Enterprise as provided by law (FEIN: _____).

Please identify the majority owner's ethnicity (see page three for classifications)

The gross receipts and number of people (FTEs) employed by of my firm and affiliates during the last two years are:

(A) Year Ending _____ Gross Receipts _____ FTE _____
(B) Year Ending _____ Gross Receipts _____ FTE _____

_____/_____
Signature of the Owner

Date

Name: _____

Title: _____

Company Address: _____

Phone: _____ Fax: _____

Owner's E-mail address: _____

Web site: _____

On this _____ day of _____, 20____ before me appeared (owner) _____ to me personally known, who being duly sworn, did execute the foregoing affidavit, and did state that he/she was properly authorized by (firm) _____ to execute the affidavit and did so as a free act and deed.

Notary Seal

My Commission Expires: _____

Recertification Affidavit Instructions

Your company's certification as a Minority Business Enterprise, Woman Business Enterprise, Veteran Business Enterprise, Service Disabled Veteran Business Enterprise, and/or Individual with DisAbility Business Enterprise with the State of Delaware will expire shortly. To apply for recertification, you must submit the enclosed Recertification Affidavit dated no longer than 60 days after the expiration date on your original certification letter. It is imperative that the Affidavit and applicable materials listed below are returned in a timely manner to the Office of Supplier Diversity, 100 Enterprise Place, Suite 4, Dover, DE 19904-8202, osd@state.de.us or (fax) 302-677-7086.

Please submit the following information:

- Products or services description in text box on page three (to expedite the posting of this information on OSD's web site; please e-mail the information to osd@state.de.us. Please do not send attachments)
- Signed & notarized affidavit
- Current licenses (such as a Delaware Business License and any DE professional or DE trade licenses related to the goods or services offered, these should be in the name of the 51% owner(s))
- Current home state certification, if out-of state
- Verification of any major changes since last certification
- Optional: Last two years of your firm's tax returns (gross receipts). If the documents are not available, last two years' W2 and/or 1099 forms for all owners, directors, officers and senior management.

Please also submit the following documents, **IF THEY HAVE CHANGED** since your last certification or recertification. If there are no changes, please indicate such in a cover letter.

- Certificates of training
- All corporate or partnership documents that have changed (i.e., stock ledger, minutes of most recent meeting where elections were held, etc.)

Failure to return the completed affidavit along with the required information will indicate to the OSD that you are not seeking recertification.

In the future, to regain certification, you will be required to submit a new application. If you have any questions, please contact the OSD at osd@state.de.us or 302-857-4554.

Definitions:

- A minority-owned business is a proprietorship, partnership, corporation or joint-venture that is 51% owned, operated and controlled by one or more persons who are members of the following ethnic/racial groups: African American, Asian American, Subcontinent Asian American, Hispanic American and/or Native American.
- A woman-owned business is a proprietorship, partnership, corporation or joint-venture that is 51% owned, operated and controlled by one or more persons that are female.
- A Veteran and/or Service Disabled Veteran owned business is a proprietorship, partnership, corporation or joint-venture that is 51% owned, operated and controlled by one or more persons who has served in the United States military or the National Guard of the United States for six months and has received a discharge other than a dishonorable discharge.
- An Individual with a DisAbility owned business is a proprietorship, partnership, corporation or joint-venture that is 51% owned, operated and controlled by one or more persons that is an individual with documentation supporting their standing as an Individual with DisAbility.

Additional Required Questions:

Describe, in detail, what product(s) and/or services your business provides. Include a list of KEYWORDS that a buyer would search to find your goods or services. Please note the below capabilities narrative will be posted on the OSD web site. (use up to 2,500 characters including space and punctuation) Use a separate sheet if needed (please do not only provide a capabilities statement or brochure). If left blank, the description already included in the OSD online Directory will be used.

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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) If left blank, the NAICS codes already included in the OSD online Directory will be used.

1.	2.	3.	4.	5.	6.
7.	8.	9.	10.	11.	12.

Required:

Firm is applying for recertification 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"/> Subcontinent Asian	<input type="checkbox"/> White American
Veteran Business Enterprise		Individual with DisAbility Business Enterprise	
<input type="checkbox"/> Veteran	<input type="checkbox"/> Service Disabled Veteran	<input type="checkbox"/> Yes	

Required:

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		

Optional:

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 % of your business is direct contracting?
What % of your business is subcontracting?