



D I V I S I O N O F

Minority and Women's Business Development

NEW YORK STATE CERTIFICATION APPLICATION



30 South Pearl Street
Albany, NY 12245
518/292-5250

633 Third Avenue
New York, NY 10017
212/803-2414

www.empire.state.ny.us

FREQUENTLY ASKED QUESTIONS ON THE NEW YORK STATE CERTIFICATION PROGRAM

Q. Why be certified? How will it help me?

A. *New York State Certification affords your business the opportunity to be listed in the Directory of Certified Minority and Women-Owned Business Enterprises, which is used by state agencies and contractors statewide. Because state government has been mandated by the Governor and Legislature to provide greater opportunity for participation by Minority and Women's Business Enterprises (M/WBEs) in state contracting, certification gives business owners an advantage when marketing goods and/or services to state agencies and authorities.*

Q. How do I obtain a certification application?

A. *An application can be downloaded from our website <http://www.empire.state.ny.us>. Once on the site click on NY♥BIZ. When on the main page of the NY♥BIZ, scroll your mouse over the blue tab entitled Small and Growing Businesses. A drop down list will appear, click on Minority & Women-Owned Business, scroll towards the bottom of the page to see "View and Print Certification Application." You can also request an application be mailed to you by calling the Albany office at 518-292-5250 or the New York City office at 212-803-2414.*

Q. How does the Certification process work?

- A.**
1. *Complete the Certification Application and attach all required supporting documents.*
 2. *Submit the entire package to:*

If located in New York City, Long Island or New Jersey, submit to:

*Empire State Development
Division of Minority and Women's Business Development
633 Third Avenue
New York, NY 10017*

If located in any other part of New York State or any other out-of-state firm, submit to:

*Empire State Development
Division of Minority and Women's Business Development
30 S. Pearl Street, 2nd Floor
Albany, NY 12245*

3. *Once received, it will be reviewed for completeness. If you failed to provide the requested supporting documents, your application could be returned to you.*
4. *An audit of the application will be conducted by an analyst, followed by an interview and/or site visit.*
5. *A final determination will be made that results in a letter granting or denying certification.*

Q. How many years do I have to be in business to apply for certification?

A. *A business is normally required to be in business for one year. Some exceptions can be made on a case by case basis. Sufficient documentation is required in order to provide enough information regarding ownership, operation and control of the business.*

Q. Certification - What happens after I become certified?

A. *You will receive a certification letter. Your business and name will be listed in our Statewide MBE/WBE Certification Directory. The Directory is used by anyone that wishes to identify businesses that have been certified by New York State. This includes state agencies, prime contractors, vendors, municipalities, sub-contractors, the private sector and, for the most part, anyone that is actively attempting to increase or engage in the utilization of M/WBEs that have been screened and are sanctioned by New York State as M/WBEs.*

Q. How can I increase my business opportunities once I have been certified?

A. *The first thing you need to do is realize that certification as a woman or minority-owned business will only work for you if you use it. It is not a passive exercise, you need to integrate it into your overall marketing plan and use it to gain access to business opportunities with New York State agencies and authorities. Successfully identifying business opportunities will start and end with the State agency most likely to use your products and/or services.*

Q. How do I learn of business opportunities with New York State?

A. *The New York State Contract Reporter, the Empire State Developer, and direct contact with the agencies are good places to start. The Contract Reporter (www.nyscr.org) is an online weekly publication that identifies many of the upcoming contract opportunities with New York State. The Empire State Builder (www.ogs.state.ny.us) is published by the New York State Office of General Services and deals with upcoming construction opportunities with their Design & Construction Unit. Directly contacting the state agencies is also a very proactive way of learning of existing and upcoming business opportunities. The Office of the State Comptroller puts out an online version and a hardcopy of the Directory of Frequently Purchased Commodities and Services (www.osc.state.ny.us).*

Q. What happens if I am denied certification? What are the reasons for denial and is there a process that I can take if denied?

A. *The reasons may vary. Normally they revolve around whether the applicant was successfully able to demonstrate their ownership, operation and control of the business. If you are denied, you will be afforded the opportunity to request a hearing and present what evidence you have to an independent Hearing Officer. At the conclusion of the hearing, the Administrative Law Judge provides their findings to the Director of the DMWBD, who in turn, issues a final order. Denial of certification does not mean the you are not a minority or woman-owned business. It does mean however, that you were unsuccessful in meeting the criteria established in Article 15-A. If a firm is denied certification, they may not re-apply in any form for two full years.*

Q. If I provide professional services, do I need to be registered as a professional corporation?

A. *Yes, if you wish to provide professional services as a corporation. If you wish to provide them as an individual, you must present your New York State license to provide those services.*

Q. My business is not from New York State, am I still eligible?

A. *Yes, you are eligible. However, in order to apply, you must obtain a certificate of authority to do business in New York State. This is available through the New York State Department of State (www.dos.state.ny.us). You should also be certified in your home state, if a similar process exists, before applying to New York State.*

Q. The certification letter seems to suggest that I may have to re-apply after two Years. Is that true?

A. *No, you do not have to re-apply in two years. However, you must respond to the verification requests sent out by this office.*

STATE OF NEW YORK
MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISE

CERTIFICATION APPLICATION

General Instructions: (Please type or print clearly. Do not leave any spaces blank on the application.)
If a question is not applicable to your business, insert "N/A" in the space provided for your answer.
You may make photocopies of the completed application as necessary. Whenever the space is insufficient to answer a question completely, attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet. Keep a copy of your entire application package.

1a. Name and Street Address of Applicant Firm

(Enter the full legal name of the enterprise. For example, a corporation named ABC Construction, Inc. should be identified as "ABC Construction, Inc.", not as "ABC Construction.")

1b. "Doing Business As" (D/B/A) Name

(Complete if firm does business under an assumed or trade name that is different from its legal name.)

1c. Mailing Address

(Complete if different from street address.)

2a. Business Phone Number:() _____ **FAX:**() _____

2b. Email Address: _____ **Website Address:** _____

3. Federal Employer Identification Number or Social Security Number

(A Federal Employer Identification Number is required for most business activities. For an application and/or additional information, go to the U.S. Internal Revenue Service website <http://www.irs.gov>. Sole Proprietorships may submit social security number of the owner in lieu of the federal identification number.)

4a. Name of Company President/Chief Executive Officer/Owner

President

Chief Executive Officer

Owner

4b. Name & Title of Officer of the Firm who can be contacted during the application review process.

Name of Officer

Title of Officer

5. This Firm is applying for certification as:

(Please refer to page 11 of this application to determine the appropriate designation for your company. One or more categories may be designated.)

Minority Business Enterprise (MBE)

Women-Owned Business Enterprise (WBE)

6. Are you currently involved in the bidding process or other contract/purchase order negotiations with any governmental agency, department or authority?

- No Yes. Please identify agency, department or authority.

7a. Type of Ownership (Please specify current ownership)

Sole Proprietorship _____ Certificate of Trade Name on file in _____
 Date Established _____ County _____

Partnership _____ Business Certification for Partners on file in _____
 Date Established _____ County _____

Corporation _____ Certificate of Incorporation on file in _____
 Date Established _____ County _____

LLP/LLC _____ Certificate of Incorporation on file in _____
 Date Established _____ County _____

7b. Did the business exist under a different type of business ownership prior to the date indicated in question 7A?

- No Yes. Please explain _____

7c. Method of Acquisition (Check all applicable.)

- Started New Business Secured Franchise Inherited Business
 Bought Existing Business Secured Concession Other _____
 Merger or Consolidation Date of Acquisition _____

7e. Name & Position of all person(s) with ownership interest.

(If no positions are held, state "none." Check gender M for Male and F for Female and Y for Yes N for No to US Citizen or Permanent Resident status).

Name	Position	Group Code*	% Owned	Gender	US Citizen or Permanent Resident Alien
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N

*Group Code Key (Please refer to Page 11 for Definitions)

- 01 - Black 02 - Hispanic 03a - Asian-Pacific
 03b - Asian-Indian Subcontinent 04 - Native American 05 - Non-Minority

8. Please identify the cash and capital contributions to the firm by those identified in 7e, including gifts, equipment, loans, and expertise. (Provide documentation i.e. bank statements, cancelled checks, etc.)

Contributor/Source	Amount/Value	Type/Date of Contribution
_____	_____	_____
_____	_____	_____
_____	_____	_____

9a. If the firm is a partnership, please complete for all partners.

Name	Total Amount/Value of Contributions	Date of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____

9b. If the firm is a corporation, please complete for all shareholders.

Name	No. of Shares	Common or Preferred	Amount paid when purchased	Date of Ownership
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9c. If a corporation, number of shares:

Common Authorized _____ Common Issued _____
 Preferred Authorized _____ Preferred Issued _____

9d. If a Limited Liability Corporation, % of interest for all Members

Name	Position	% Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Gross Receipts (Sales.)

Please provide gross receipts for the last 3 years. (If in business for less than 3 years complete as applicable.)

\$ _____ \$ _____ \$ _____
 Current Year (20____) Last Year (20____) Previous Year (20____)

11. Number of employees (Please average over the past year.)

Permanent _____ Temporary _____
 Full-Time _____ Full-Time _____
 Part-Time _____ Part-Time _____

12. If licensing, permits or accreditation is required to conduct the business, please identify:

Type of License/Permit	Issued by	Issue Date	Exp. Date	Holder/Registrant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13a. Check all that best describe the business operation.

- Construction-Related Consumer Service Broker
 Professional Service Manufacturer/Supplier
 Technical Service Retail
 Other (explain) _____

13b. Describe principal products/commodities sold, specialties or services offered.

(Being very specific about what the business does could lead to more contracting opportunities when certified.)

13c. Please provide the business's North American Industry Classification System Code (NAICS)

(This number can be found on your corporate federal tax return as your business code number or business activity.)

NAICS _____

14a. Identify those individuals responsible for managerial operations (State if owner or non-owner.)

***For Group Codes, see Page 11.**

Name & Title	Gender	Group* Code	Owner
1. Financial Decisions			
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Estimating			
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Preparing Bids			
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Negotiating Bonding			
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Negotiating Insurance			
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
6. Marketing & Sales			
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
7. Hiring & Firing			
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

Name & Title	Gender	Group* Code	Owner
8. Supervising Field Operations			
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
9. Purchasing Equipment/Supplies			
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
10. Managing & Signing Payroll			
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
11. Negotiating Contracts			
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
12. Signatories for Business Accounts			
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

14b. Please identify additional staff persons. *(If any individual also works for another firm, please check yes and provide the person's name, his/her position, other firm's name, address and telephone number.)*

Name & Position	Other Firm Name, Address	Phone
1. Office staff		
<input type="checkbox"/> Y <input type="checkbox"/> N _____	_____	() _____
<input type="checkbox"/> Y <input type="checkbox"/> N _____	_____	() _____
2. Field/supervisory staff		
<input type="checkbox"/> Y <input type="checkbox"/> N _____	_____	() _____
<input type="checkbox"/> Y <input type="checkbox"/> N _____	_____	() _____
3. Estimator		
<input type="checkbox"/> Y <input type="checkbox"/> N _____	_____	() _____
<input type="checkbox"/> Y <input type="checkbox"/> N _____	_____	() _____
4. Controller		
<input type="checkbox"/> Y <input type="checkbox"/> N _____	_____	() _____
<input type="checkbox"/> Y <input type="checkbox"/> N _____	_____	() _____
5. Consultant <i>(For firms involved in providing consultant/technical service or advisory service.)</i>		
<input type="checkbox"/> Y <input type="checkbox"/> N _____	_____	() _____
<input type="checkbox"/> Y <input type="checkbox"/> N _____	_____	() _____

14c. If this firm shares the following with any other firm, please provide the other firm's name, address & telephone number.

Other Firm Name	Address	Phone
1. Office space		()
		()
2. Yard Space		()
		()
3. Equipment (include rentals)		()
		()

15a. List rented, leased, or owned warehouse, plant, yard, and office facilities.

Facility Type	Owner or name of Lessor and/or rental agent	If rented or leased, Amount of yearly payment

15b. List major equipment or machinery that is owned or leased by the firm.

Type	Depreciated Dollar value	Acquisition Date	Payment Terms

16. Do any principals, officers and/or owners of the firm have an affiliation (i.e. business interest or employment) with any other firm? Yes No If yes, complete the following:

Name of Person	Firm Name & Address	Phone Number	Nature of Business	Nature of Affiliation
		()		
		()		
		()		
		()		
		()		

17. Attorney for Firm.

Name _____

Street Address _____

City _____ State _____ Zip Code _____ Phone Number () _____

18. C.P.A. or Accountant for Firm.

Name _____

Street Address _____

City _____ State _____ Zip Code _____ Phone Number () _____

19a. Has the firm applied for certification as an M/WBE with another governmental agency, department or authority?

Yes No If yes, complete the following:

Agency	Date	Contact Person	Phone	Specify MBE or WBE
1. Pending with			()	
_____	_____	_____	_____	_____
			()	
_____	_____	_____	_____	_____
2. Certified by			()	
_____	_____	_____	_____	_____
			()	
_____	_____	_____	_____	_____
3. Registered by			()	
_____	_____	_____	_____	_____
			()	
_____	_____	_____	_____	_____
4. Withdrawn/Closed out			()	
_____	_____	_____	_____	_____
5. Rejected by			()	
_____	_____	_____	_____	_____
6. Denied by			()	
_____	_____	_____	_____	_____
7. Decertified by			()	
_____	_____	_____	_____	_____

19b. Are there appeals pending on any of the above applications or certifications? Yes No

Agency	Date of Appeal	Contact Person	Phone
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

20. List the three largest accounts for which the applicant has provided goods or services within the last two years:

Firm Name & Phone	Account Dollar Amount	Location of Performance	Duration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

21. Identify Bank(s) where firm's accounts are maintained.

Bank Name	Address	Contact	Account Type	Account No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

22. Do you have a line of credit? Yes No **If yes, identify.**

Source	Limit	Name of Guarantor(s)
_____	_____	_____
_____	_____	_____

23. List major current creditors and/or lenders and types of investments and/or loans in the firm.

Name of Creditor/Lendor	Type of investment Credit/Loan	Dollar Value of Investment/Terms/Credit/Loan
_____	_____	_____
_____	_____	_____
_____	_____	_____

24. If your company is owned in full or in part by another firm, please identify the firm and the percentage of ownership interest. Include venture capitalists and other similar investors.

Firm Name	Address	% Ownership
_____	_____	_____
_____	_____	_____

25. Is the firm bonded? Yes No **If yes, specify type and limit.**

Bonding Company: _____
 Address: _____
 Telephone:() _____ Contact Person _____
 Type: _____ Limit: _____

26. Are you a Union Shop? Yes No **If yes, name and local.**

 Name of Union Local Number

SUPPORTING DOCUMENTS

A. REQUIRED FOR ALL APPLICANTS.

Attach copies of the following, if applicable. Please indicate documents submitted by a check mark.

NOTE: If appropriate documents are not submitted AND no written explanation is given, application will be returned to you.

- 1. Resumes of all principals, partners, officers and/or key employees of the firm as per 7(e), 9(a) and 14(a). Show home address and telephone number, education, training and employment dates.
- 2. Bank signature card, bank resolution, or letter from the bank identifying persons authorized to conduct transactions, level of authority and limitations, if any.
- 3. Current Financial Statement. (Balance Sheet and Profit & Loss Statement.)
- 4. Most recent three years' Federal, State and City tax returns including all schedules, where applicable.
- 5. Proof of sources of capitalization/investments.
- 6. Proof of ethnicity (i.e. Birth Certificate, Baptismal Certificate, Picture ID, etc.).
- 7. Proof of US Citizenship (i.e. Birth Certificate, U.S. Passport, Naturalization Certificate, etc.).
- 8. Proof of permanent resident alien status (i.e. permanent resident "green" card).
- 9. Lease Agreements per 15(a) and 15(b).
- 10. All third party agreements including: equipment rental, purchase agreements, management service agreements, etc.
- 11. Any employment agreements.
- 12. Vehicle registration(s).
- 13. Any certification, decertification or denial of certification documentation. Out-of-State firms should attach copy of their home state certification, if similar process exists.
- 14. Written request for exemption from disclosure regarding trade secrets.
- 15. If Out-of-State firm, the Authority to Do Business in New York State.

B. REQUIRED FOR A SOLE PROPRIETORSHIP.

(Attach copies of the following: Please indicate documents submitted by a check mark.)

- 1. Copy of Certificate of Trade Name or Business Trade Name filed with County Clerk
(If doing business under an assumed name.)

C. REQUIRED FOR A PARTNERSHIP AND A JOINT VENTURE PARTNERSHIP.

(Attach copies of the following: Please indicate documents submitted by a check mark.)

- 1. Business Certificate
- 2. Partnership Agreement
- 3. Buy-out Rights

SUPPORTING DOCUMENTS

D. REQUIRED FOR A CORPORATION.

(Attach copies of the following: Please indicate documents submitted by a check mark.)

- 1. Articles of incorporation, including date approved by State.
- 2. Corporation by-laws.
- 3. Minutes of first corporate organizational meeting and amendments.
- 4. Copies of all issued stock certificates, front and back, as well as, next unissued certificate.
- 5. Copy of stock ledger.
- 6. If applicable, furnish copies of agreements relating to:
 - a. Stock options.
 - b. Shareholders agreements.
 - c. Shareholder voting rights.
 - d. Restriction on the disposal of stock loan agreements.
 - e. Facts pertaining to the value of shares.
 - f. Buy-out rights.
 - g. Restrictions on the control of the corporation.
- 7. List of current Board of Directors including group code, sex and effective dates.

Name	Position	Group Code(pg.11)	Gender	Date
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

E. REQUIRED FOR ALL LLC/LLPs.

(Attach copies of the following. Please indicate document(s) submitted by a check mark.)

- 1. Certificate of Registration
- 2. Articles of Organization
- 3. Operating Agreement

NOTE: If appropriate documents are not submitted and no written explanation is given, application will not be processed.

DEFINITIONS OF MBE AND WBE

MINORITY BUSINESS ENTERPRISE (MBE)

A business enterprise in which at least fifty-one percent (51%) is owned by citizens or permanent resident aliens meeting the ethnic definitions of:

- 01 Black
- 02 Hispanic
- 03a Asian-Pacific
- 03b Asian-Indian Subcontinent
- 04 Native American

WOMEN-OWNED BUSINESS ENTERPRISE (WBE)

A business enterprise in which at least fifty-one percent (51%) is owned by citizens or permanent resident aliens who are women.

UNDER EACH CERTIFICATION CATEGORY, OWNERSHIP MUST BE REAL, SUBSTANTIAL AND CONTINUING. THE APPLICANT MUST HAVE AND EXERCISE THE AUTHORITY TO INDEPENDENTLY CONTROL THE BUSINESS DECISIONS OF THE ENTERPRISE.

DEFINITIONS OF GROUP CODES

(To be used to answer Question 7e, Page 2; and Question 14a, Pages 4 & 5; and Supporting Documents D7, Page 10)

Group Code	Group Name	Group Definition
01	Black	Persons having origins from any of the Black African racial groups
02	Hispanic	Persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of Either Indian or Hispanic origin, regardless of race.
03a	Asian-Pacific	Persons having origins from the Far East, Southeast Asia or the Pacific Islands.
03b	Asian-Indian Subcontinent	Persons having origins from the Indian subcontinent.
04	Native American	Persons having origins in any of the original peoples of North America.
05	Non-Minority	Persons whose culture or origin is other than those defined above.

UNIFORM CERTIFICATION APPLICATION

This application must be verified under oath in the following manner:

- (A) if the enterprise is a sole proprietorship, by owner; or if the enterprise is a partnership, by a partner, or
- (B) if the enterprise is a corporation, by the principal officer designated by the Board of Directors.

All applicants MUST read and review all items preceding the verification before signing. These items contain responsibilities of the applicant, rights retained by the State of New York and penalties that may be applied for false statements.

FIRST, this Application form, the supporting documents, and any other information provided in support of the Application are considered part of the Application. It is recognized and acknowledged that the information contained in the Application is given under oath and that any misrepresentation may be grounds for denial of certification, revocation of certification, not awarding or terminating any contracts which may be awarded the Applicant by the State of New York. In addition, the Applicant further understands that any misrepresentation made in this Application is subject to both the civil and criminal laws of the State of New York.

SECOND, pursuant to the provisions of the Personal Privacy Protection and Freedom of Information Laws, an agency may not disclose information submitted in an Application, unless such disclosure is made pursuant to applicable federal and state laws. Except as provided in paragraph eight below, information, which an applicant request (in writing) to be held exempt, will be exempt from disclosure under the New York State Freedom of Information Law, if it qualifies as a trade secret or confidential information.

THIRD, DMWBD may require proof of minority or women status, in addition to the information disclosed in this Application. By filing this Application, the Applicant agrees to submit additional proof if it is requested, and acknowledges that DMWBD may decide not to certify the Applicant as a Minority or Women-Owned Business, if the additional proof is not submitted within 20 days after it is requested by DMWBD.

FOURTH, by filing this Application, the Applicant consents to periodic examination of its books, records and an interview of its principals and employees by DMWBD for the purpose of determining whether the Applicant is, or continues to be, an eligible Minority or Women-Owned Business. The applicant acknowledges that its certification may be immediately denied or revoked, if such examinations or interviews are refused; or if DMWBD determines as a result of the examinations or interviews, that the Applicant does not qualify or continues to qualify as a Minority or Women-Owned Business Enterprise.

FIFTH, by filing this Application, the Applicant consents to inquiries that may be directed by DMWBD to the Applicant's bonding companies, banking institutions, credit agencies, contractors, clients and other certifying agencies for the purpose of ascertaining the applicant's eligibility of certification. If the Applicant fails to permit such inquiries to be made, such failure may be grounds for denying or revoking the Applicant's certification.

SIXTH, the Applicant agrees to provide notice to DMWBD of any material change in the information contained in the original application within 30 days of such change.

SEVENTH, certification is normally granted for a period of two (2) years. However DMWBD may require the submission of a new Application, additional information, examinations of the Applicant's principals and employees at any time before the expiration of the two (2) year certification period. The Applicant's failure to submit such material, or to consent to such examinations and interviews, shall be grounds for immediate revocation of certification.

EIGHTH, by filing this Application, the Applicant consents to DMWBD's sharing reports, summaries, reviews, analyses, recommendations and determinations related to this Application with other certifying agencies, which may request such information as a result of the Applicant submitting this application for Certification to those agencies.

I have read and acknowledge the foregoing.

Signature of Owner/Applicant

VERIFICATION

STATE OF)
)
COUNTY OF)

(A)

_____ being duly sworn, states he or she is the owner of (or partner in) the enterprise making the foregoing Application and that the statements and representations made in the Application are true to his or her own knowledge.

(B)

_____, being duly sworn, states that he or she is the
Name of Corporate Officer

_____ of _____
Title of Corporate Officer Name of Corporation

the enterprise making the foregoing application, that he or she has read the Application and knows its contents, that the statements and representations made in the Application are true to his or her knowledge, and that the Application is made at the direction of the Board of Directors of the Corporation.

Signature

Date

Sworn to before me this _____

Day of _____, 20_____

Notary Public

Person assisting in completing the Application:

Print Name

Signature

Telephone number

