

O K L A H O M A
D E P A R T M E N T
O F C O M M E R C E

Women-Owned Business Certification

Enhancing Contracting Capabilities



WomenOwned
B U S I N E S S

Why Become Certified?

*W*omen are changing the face of America's economy. Their businesses are increasing in number, range, diversity and earning power. As a result, the Women-Owned Business Certification Program was established in order to facilitate contracting capabilities for women-owned businesses with public and private sector entities. Any woman-owned small business is eligible to apply for certification. The business must be at least 51% owned and controlled on a day-to-day basis by one or more women.

In order to verify the ownership of women-owned businesses across the nation, certification is the acceptable process. This proof of ownership, now being requested by both private sector and public sector entities, provides credibility to women-owned business owners. Entities who choose to do business with a certified women-owned business are confident that their reporting of dollars spent with women-owned businesses will be verifiable and credible.

*W*omen-owned businesses employ one out of every five U.S. workers – a total of 18.5 million employees.



Instructions

- Please type or print clearly.
- If you are unable to answer any questions or provide required documentation, attach a complete explanation.
- Please review your application carefully before submitting. Omission of any required item will result in a delay in processing.
- Your application will be reviewed within a matter of days upon receipt. However, 90 days is allowed for the review process.
- The acceptable evidence of female status is an official copy of the applicant's Birth Certificate. However, if a Birth Certificate is not obtainable, an explanation must accompany the application and a copy of any official document issued by a government agency (Federal or State), which indicates the applicant's gender and date of birth, is acceptable.
- Certification with the State of Oklahoma Women-Owned Business Certification Program is valid for five years unless one of the following events occur:
 - *There is a change in ownership or daily management to persons other than those upon whom certification was based; or*
 - *The business exceeds "small business" size standards for its industry as defined by 15 U.S.C., Section 632; or*
 - *The business ceases to exist as an independent operation; or*
 - *There is any change that, if it had occurred before certification, would have prevented the applicant from being certified by the Oklahoma Department of Commerce.*
- Re-certification is required on an annual basis. The Department of Commerce will supply the necessary documents to be filed. This documentation affirms that the business is in compliance.
- Please complete all application sections, include all required attachments and return to:

**Women-Owned Business Certification Program
Office of Business Development
Oklahoma Department of Commerce
900 N. Stiles, P.O. Box 26980
Oklahoma City, OK 73126-0980
(405)815-5146**



Application

GENERAL BUSINESS INFORMATION

A. _____
Name of Firm

Street Address

City, State & Zip Code

Mailing Address

City, State & Zip Code

Telephone Number

Fax

Mobile Number

E-Mail

Social Security Number of Principal Owner

Federal Identification Number

B. _____
Contact Person's Name

Title

C. Are all owners of your firm citizens of the United States? Yes No
If no, do all owners lawfully reside in the United States? Yes No
(Please present proof of legal residence)

D. What is your firm's primary industry? *(check one)*

<input type="checkbox"/> Accommodation, Food Services	<input type="checkbox"/> Education Services	<input type="checkbox"/> Real Estate, Rental Leasing
<input type="checkbox"/> Agricultural, Forestry, Fishing, Hunting	<input type="checkbox"/> Finance, Insurance	<input type="checkbox"/> Retail Trade
<input type="checkbox"/> Arts, Entertainment, Recreation	<input type="checkbox"/> Health Care, Social Assistance	<input type="checkbox"/> Research
<input type="checkbox"/> Construction	<input type="checkbox"/> Information Management	<input type="checkbox"/> Transportation, Warehousing
	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Technical Services
	<input type="checkbox"/> Mining	<input type="checkbox"/> Other Services
		<input type="checkbox"/> Wholesale Trade

E. Describe your firm's primary product or service:

Please provide primary and secondary 4-Digit Standard Industrial Classification Codes, and/or the 6-digit North American Industry Classification System Code, if known.

F. Is your firm authorized to do business under the laws of the State of Oklahoma, as well as locally? Yes No
If yes, please submit a copy of all applicable documentation.

G. List any professional licenses held by your firm, identify the licensing authority, and give the name of the qualifying individual(s) of the firm: Please attach a copy of each license.



BUSINESS OWNERSHIP

A. Date your firm was started: _____

B. How was the firm started by its present owners?

New Business Start Secured Franchise

Bought Existing Business Merger or Consolidation

Other: _____

C. The legal structure of your business is which of the following?

Sole Proprietorship Corporation Partnership (General or Limited)

D. Date your firm began doing business under the current legal structure:

E. Has your firm been sold or restructured since it was originally established?

Yes No

If yes, please attach a complete business history.

F. Identify all owners of your firm and complete the following information for each:

_____	_____	_____	_____	_____
Name	Race	Sex	Yrs. of Ownership	Ownership%
_____	_____	_____	_____	_____
Name	Race	Sex	Yrs. of Ownership	Ownership%
_____	_____	_____	_____	_____
Name	Race	Sex	Yrs. of Ownership	Ownership%
_____	_____	_____	_____	_____
Name	Race	Sex	Yrs. of Ownership	Ownership%
_____	_____	_____	_____	_____
Name	Race	Sex	Yrs. of Ownership	Ownership%

G. For each owner, list the type of expertise, money, value of equipment and/or real estate initially contributed to the firm:

_____	_____	_____
Name	Money/Expertise	Equipment/real estate
_____	_____	_____
Name	Money/Expertise	Equipment/real estate
_____	_____	_____
Name	Money/Expertise	Equipment/real estate
_____	_____	_____
Name	Money/Expertise	Equipment/real estate
_____	_____	_____
Name	Money/Expertise	Equipment/real estate

You must provide proof of contributions; including copies of canceled checks for each, bills of sale for equipment, motor vehicle registrations, titles for real estate, etc.



H. Please list current Board of Directors and complete information for each:

Name	Race	Sex	Date	Voting	Elected %
Name	Race	Sex	Date	Voting	Elected %
Name	Race	Sex	Date	Voting	Elected %
Name	Race	Sex	Date	Voting	Elected %
Name	Race	Sex	Date	Voting	Elected %

I. Please list current officers of the company and complete all information for each:

Name	Race	Sex	Date	Appointed Position
Name	Race	Sex	Date	Appointed Position
Name	Race	Sex	Date	Appointed Position
Name	Race	Sex	Date	Appointed Position

J. Are any owners, partners or officers of your firm affiliated with any other firms as employees, shareholders or directors? Yes No
If yes, please provide the following information:

Name of person Firm Name/Address	Position with Other Firm	Firm Telephone #
Name of person Firm Name/Address	Position with Other Firm	Firm Telephone #
Name of person Firm Name/Address	Position with Other Firm Firm	Telephone #

K. How many persons does your firm normally employ? Full-Time Part-Time

L. Please list by type and quantity the major equipment owned or leased by your firm. Please provide copies of all lease agreements.

Type	Quantity	Leased/Owned
Type	Quantity	Leased/Owned
Type	Quantity	Leased/Owned
Type	Quantity	Leased/Owned



M. Please list individuals within your company who perform the following tasks:

CHIEF EXECUTIVE OFFICER

Name	Race	Sex	Title
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MARKETING/SALES

Name	Race	Sex	Title
------	------	-----	-------

HIRING/FIRING

Name	Race	Sex	Title
------	------	-----	-------

PAYROLL

Name	Race	Sex	Title
------	------	-----	-------

FINANCIAL DECISIONS

Name	Race	Sex	Title
------	------	-----	-------

PROJECT SELECTION

Name	Race	Sex	Title
------	------	-----	-------

PROJECT MANAGEMENT

Name	Race	Sex	Title
------	------	-----	-------

PREPARING JOB ESTIMATES

Name	Race	Sex	Title
------	------	-----	-------

PROJECT COORDINATION

Name	Race	Sex	Title
------	------	-----	-------

FIELD SUPERVISION

Name	Race	Sex	Title
------	------	-----	-------

REVIEWING PLANS
& SPECIFICATIONS

Name	Race	Sex	Title
------	------	-----	-------

CONTRACT NEGOTIATIONS

Name	Race	Sex	Title
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FINANCIAL INFORMATION

A. What were the gross annual receipts of your firm for the past three (3) years?

Year	Amount
Year	Amount
Year	Amount

If a start-up, include a copy of current business plan.

B. Give the name and location of each bank where your firm maintains its checking and loan accounts. Please submit copies of bank signature cards and current loan agreements.

Name of bank and account numbers	Address	Contact person	Telephone
Name of bank and account numbers	Address	Contact person	Telephone
Name of bank and account numbers	Address	Contact person	Telephone
Name of bank and account numbers	Address	Contact person	Telephone

C. Is your firm currently bonded? Yes No Not Applicable
If yes, please provide a copy of your latest Bond Agreement.

D. Does any principal in your firm, or the spouse of any principal, owe money or anything else of value to the firm? Yes No
If yes, please itemize below:

Name and title	Reason for debt	Amount Owed	Due Date
Name and title	Reason for debt	Amount Owed	Due Date
Name and title	Reason for debt	Amount Owed	Due Date

E. Does your firm owe any money or anything else of value to any principal or their spouse? Yes No If yes, please itemize below:

Name and title	Reason for debt	Amount Owed	Due Date
Name and title	Reason for debt	Amount Owed	Due Date
Name and title	Reason for debt	Amount Owed	Due Date

OTHER

A. Is your firm registered as a vendor with the Oklahoma Department of Central Services, Central Purchasing Division or Construction and Properties Division?

Yes No If yes, please provide the following information:

Vendor Registration Number
Primary Company Contact Person
Title of Primary Contact Person



B. Is your firm, or other firms with any of the same officers, certified by any of the following entities? Yes No

If yes, please submit copies of approval letters and any certificates of certification.

Department of Central Services, Minority Business Certification Program
Department of Transportation, Disadvantaged Business Enterprise Certification Program
U.S. Small Business Administration, 8(A) Certification Program

C. Has this firm, or other firms with any of the same officers, previously been denied certification or participation as a Women-Owned Business Enterprise? Yes No

If yes, please list the names of the denying entity and describe the circumstances below:

D. Has this firm, or other firms with any of the same officers, previously been denied certification or participation as a Minority-Owned Business Enterprise? Yes No

If yes, please list the names of the denying entity and describe the circumstances below:



References

A. List three (3) project references:

1. _____
Name of Firm

Address

Contact person Telephone number

2. _____
Name of Firm

Address

Contact person Telephone number

3. _____
Name of Firm

Address

Contact person Telephone number

B. List three (3) business references:

1. _____
Name of Firm

Address

Contact person Telephone number

2. _____
Name of Firm

Address

Contact person Telephone number

3. _____
Name of Firm

Address

Contact person Telephone number



Required Attachments

All Applicants Must Submit Items 1 Through 17

- 1. WBE Certification Affidavit
- 2. Certification of Eligibility Notary Information
- 3. Attestation of Information
- 4. Financial statements (Balance Sheet and Income Statement - Current within 90 days of a start up you may submit a copy of your business plan)
- 5. Resumes of principal company officers and key managers
- 6. License to do business in the State of Oklahoma
- 7. Proof of stock purchase or capital invested, such as canceled checks
- 8. Third party employment agreements and management service agreements
- 9. Copies of all lease agreements for space, equipment, etc.
- 10. Outstanding loan agreements
- 11. Proof of female status
- 12. Proof of U. S. Citizenship (Birth Certificate, Voters Registration Card, Armed Services Discharge papers, or other appropriate documentation)
- 13. Documentation verifying company bank accounts and authorized signatories (bank signature card or corporate resolution)
- 14. Evidence of latest bond
- 15. Copies of three canceled checks written for business purposes
- 16. Letter(s) showing certification, de-certification, or denial of certification from any other agency, including the U. S. Small Business Administration 8(A) Program



- 17. Proof of residency status (copy of valid driver's license)

Sole Proprietorships Must Submit Items 1 Through 17 and Items 18 & 19

- 18. Most recent 1040 Schedule "C" of federal tax return. If a start-up, submit business plan.
- 19. Assumed name certificate

Partnerships Must Submit Items 1 Through 17 and Items 20 Through 22

- 20. Partnership Agreement (signed by all partners and notarized)
- 21. Most recent year partnership schedule (Form 1065 of federal tax return). If a start-up, submit business plan.
- 22. Assumed name certificate

Corporations Must Submit Items 1 Through 17 and Items 23 Through 28

- 23. Articles of Incorporation, including all addendum and approval dates
- 24. Corporate By-Laws with amendments
- 25. Copies of all stock certificates issued and a copy of stock transfer ledger page showing all stock transactions
- 26. Minutes of the first and most recent organizational meetings and all resolutions affecting ownership
- 27. Certificate of Incorporation
- 28. Most recent year federal tax return (Form 1120 or 1120S) and all attachments. If a start-up, submit business plan.

Out-Of-State Companies Must Submit Items 1 Through 17 and Items 29 Through 30

- 29. Proof of certification in home state including the name, address, telephone number and contact person of certifying entity
- 30. Letter granting permission to contact certifying entity in home state for additional information, if necessary

All Applicants Must Submit Items 31 Through 35, If Applicable

- 31. Professional license used to conduct business, if applicable
- 32. Buy-out or purchase and sales agreement for the business, if applicable
- 33. Profit sharing agreement, if applicable
- 34. Balance Sheet and Income Statement at the time of buy-out, if applicable
- 35. Indemnity Agreement for bond, if applicable



Certification Affidavit

The undersigned does hereby swear that the statements contained in this application and all attachments which have been provided in support of this application (hereinafter referred to as "this application") are true, accurate and complete and includes all material information necessary to identify and explain the ownership and operation of:

Full Name of Applicant Company

Further, the undersigned agrees to provide the Oklahoma Department of Commerce, WBE Certification Program or any other portion of the Oklahoma Department of Commerce with current, complete, and accurate information regarding this application, its attachments, or any project or contract issued by the agencies or corporations utilizing the WBE Certification Program for their own minority/women-owned or disadvantaged business enterprise procurement and/or construction programs. The undersigned further agrees that, as part of this certification procedure, the WBE Certification Program may freely contact any person or organization named in this application to verify statements made in this application and/or to secure additional information or data required to grant to, or withhold from, the applicant company certification as a Women-Owned Business Enterprise (WBE). The undersigned understands and agrees that failure to submit required materials and/or to consent to interview(s), on-site review(s), audit(s), and/or examination(s) will be grounds for immediate rejection of this application for certification.

It is recognized and acknowledged that the statements contained in this application were given under oath and that any material misrepresentation is grounds for de-certification and may result in not awarding or terminating contracts which may have been awarded as the result of information contained in this application.

The undersigned further acknowledges that information contained in this application may be shared with any public department, agency, etc., including the U. S. Government which are used to fulfill contracts arising from the representations made in this application. The release of such information will be subject to all disclosure of information laws of the State of Oklahoma and Federal Government applicable to the treatment of confidential information and/or material. Private corporations contracting with the State of Oklahoma



will have access only to that information disclosed in this application and not the supporting documentation.

If after proper review and consideration of an application for certification it is determined that the applicant does not meet the requirements and legislative intent of the WBE Certification Program, such request for certification will be denied. If an applicant believes she has been wrongfully denied certification as a Women-Owned Business Enterprise, the applicant may request an administrative hearing, by completing the application for an administrative hearing that will be enclosed in the denial notice. This application must be file within five (5) business days of receipt of a written notice of denial.

A request for an administrative hearing should be sent to the Oklahoma Department of Commerce, P. O. Box 26980, Oklahoma City, Oklahoma 73126-0980. The administrative proceedings shall be in accordance with the Oklahoma Administrative Procedures Act.



The undersigned understands and acknowledges that certification is normally reviewed every five years with annual submittals of Affidavits and Attestations of Continued Program Compliance, but the WBE Certification Program retains the right to re-evaluate the contents of this application at any time.

The undersigned swears that the statements contained in this application are true and correct and include all material information necessary to identify and explain the operations of the applicant, as well as the ownership thereof. Any material misrepresentation will be grounds for terminating any contract which may have been or may be awarded, and for initiating action under Federal or State laws concerning false statements.

NOTE: If after filing this form there is any significant change in information previously submitted, please inform the Oklahoma Department of Commerce, P. O. Box 26980, Oklahoma City, Oklahoma 73126-0980, in writing.

Signature

Name (Type or Print)

Title

Date

CORPORATE SEAL:

On this day of ____, 20__, before me appeared _____, who being sworn did execute the foregoing affidavit, and state that he/she was properly authorized by _____ to execute the affidavit and did so as his/her free act and deed.

Notary Public

My Commission Expires



Attestation of Information

Name of Company

FEI or Social Security Number

Address, City, State & Zip Code

Telephone Number

State Of

County of

I hereby attest that the business listed above is a Women-Owned Business Enterprise as defined in this application, and that the information contained in this application and attached hereto is true, accurate and complete to the best of my knowledge.

Signature of Proprietor, partner or Chief Executive Officer

Printed Name of Proprietor, partner or Chief Executive Officer

Title

Date

Subscribed and sworn to me this day _____ of _____, 20 _____

Notary Public

My Commission Expires



