

CERTIFICATION APPLICATION

Applying for (*check only one*):

Minority Business Enterprise (MBE) Certification

Women's Business Enterprise (WBE) Certification

PART A: GENERAL INFORMATION

(1) Legal Business Name	(2) Business or Trade Name
(3) Federal Tax Identification Number (EIN or SSN)	(4) DUNS Number

(5) Mailing Address	(6) Physical Address
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(7) Contact Information	
Contact Person Name _____	Business Fax # _____
Business Telephone # _____	Business e-mail Address: _____

(8) Is the Firm Registered in eVA <input type="checkbox"/> Yes <input type="checkbox"/> No	(9) Year Established	(10) Date Incorporated	(11) Number of Employees
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PART B: BUSINESS OWNERSHIP INFORMATION & CONTROL

(12) Ownership

Sole Proprietorship

Limited Liability Company (LLC)

Limited Liability Partnership (LLP)

Corporation

Partnership

Total Number of Partners: _____

Number of Minority Partners: _____

Number of Non-minority Women Partners: _____

(13) Principal Owner(s)

Ownership%

Gender

Name _____

M F

Name _____

Name _____

(14) If this is a Corporation: Name, Address and Phone Number of Registered Agent

Name _____

Address _____

Telephone # _____

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(15) Principal Owner's Minority Type:

- Asian American (A) African American (AA) Hispanic American (HA)
 Eskimo and/or Aleut (E) Member of other group (O) Native American (NA)

(16) Control

If your business is a Corporation, please answer the following questions:

1. Total number of common shares authorized in Articles of Incorporation: _____
 2. Total number of common shares that have been issued: _____
(As reflected in stock ledger, which must be attached)
 3. Total number of common shares owned by minorities: _____
 4. Total number of common shares owned by non-minority women: _____
 5. Has preferred or other classes of stock been authorized? Yes No
 - a. Does stock have voting rights? Yes No
 - b. Total number of shares authorized: _____
 - c. Total number of shares owned by minorities: _____
 - d. Type of stock _____
 6. Number of Directors: _____
 7. Number of Minority Directors: _____
 8. Number of Non-minority Women Directors: _____
9. Please list the person(s) responsible for the daily operations and control of this business:
- _____

PART C: INFORMATION ABOUT THE BUSINESS

(17) Please Check the Appropriate Box:

- Broker Construction Manufacturer/Producer Regular Dealer
 Research & Development Service Establishment Surplus Dealer Other _____

(18) Product Line Service

Primary Product Line/Service	NAICS	NIGP Commodity Code
Secondary Product Line/Service	NAICS	NIGP Commodity Code
Secondary Product Line/Service	NAICS	NIGP Commodity Code

(19) Geographic Marketing Area(s)

Please Indicate Your Market Area

- Central Virginia Eastern Shore/Tidewater Virginia Northern Virginia Southwest Virginia
 Other Location _____

(20) Gross Revenue for last 2 years: Year _____ \$ _____ Year _____ \$ _____

