

SAMPLE CERTIFICATION APPLICATION

WOSB CERTIFICATION APPLICATION

Women-Owned Small Business Certification

U.S. Women's Chamber of Commerce

Dear business owner:

Thank you for your interest in securing a **Women-Owned Small Business** (WOSB) from the U.S. Women's Chamber of Commerce™ to support your business' efforts to take part in the federal government Women-Owned Small Business (WOSB) Program as authorized by section 811 of the Small Business Reauthorization Act of 2000, Public Law 106-554 (15 U.S. C. 637(m)).

Note: If you are seeking an **Economically Disadvantaged Women-Owned Small Business Certification** (EDWOSB), please use the EDWOSB Application instead of this WOSB Application.

The U.S. Women's Chamber of Commerce™ is a recognized Third Party Certifier for this program. As such, we strictly follow the requirements for Third Party Certifiers as set forth by the U.S. Small Business Administration (SBA) and the regulations as published by the SBA at 13 C. F. R. part 127 which govern the WOSB and EDWOSB programs.

Please note: It is important that you first complete the "**Preliminary Acknowledgements**" document. Your WOSB Application will not be accepted until you have read, confirmed, and signed the "Preliminary Acknowledgements." You must also make payment to the U.S. Women's Chamber of Commerce for this certification service.

I have read, confirmed and signed the "Preliminary Acknowledgements" document. (Yes/No) _____

NEXT STEPS:

1. Complete, sign and submit this WOSB Certification Application.
2. Upload the required supporting documents as detailed within this document. If you have any additional information to provide that does not fit within the form spaces of this application, simply prepare an additional document to submit along with your supporting documents.
3. Notify the U.S. Women's Chamber of Commerce Certification Team that your application is ready for review and examination.

If you have any questions regarding the certification process or the WOSB/EDWOSB programs, please go to <http://www.uswcc.org/certification> for complete details and instructions or call the U.S. Women's Chamber of Commerce Certification Team at 888-418-7922, ext. 1900.



Margot Dorfman, CEO
U.S. Women's Chamber of Commerce

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SECTION ONE: BUSINESS PROFILE

Name of Applicant Business: _____

Trade Names or DBA Names: _____

Primary Contact: _____ Title: _____

Primary Telephone: _____ Secondary: _____

Fax Number: _____ Web-Site: _____

Email Address: _____

Physical Address: _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

In what state is your business chartered or incorporated? _____

Has your firm ever existed under different ownership or a different name? (Yes/No) _____

If yes, please explain: _____

Type of Business:

- | | | |
|--|--|--|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail Dealer | <input type="checkbox"/> Non-Professional Services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Concession | <input type="checkbox"/> Franchise | <input type="checkbox"/> A Broker |

Primary Product or Services: _____

Dynamic Small Business Search Number.: _____

(Lookup your firm at http://dsbs.sba.gov/dsbs/search/dsp_dsbs.cfm. Copy the "User ID" from the URL for your listing.)

Company Employer Identification Number (EIN): _____

Date Business Established: _____

Dun & Bradstreet Number: _____

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Does your firm currently hold any other "women-owned" business certifications? (Yes/No) _____

If yes, please list below:

<u>Certifying Entity</u>	<u>Year First Obtained</u>	<u>Expiration Date</u>

Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for certification as a women-owned firm, or ever been denied certification, decertified, debarred or suspended from certification as a women-owned firm by a government or third-party certifier?

Yes/No) _____

If yes, please explain: _____

Has the SBA ever issued a decision finding that this business concern does not qualify as a WOSB?

Yes/No) _____

SECTION TWO: BUSINESS SIZE DECLARATION

To qualify as a WOSB, the applicant business is small for its primary NAICS code.

Primary NAICS Code: _____ (North American Industry Classification System)

Business' major products and services:

<u>Products/Services</u>	<u>NAICS</u>	<u>Share of Sales or Receipts for most recently completed fiscal year <u>% of sale</u></u>	<u>Dollar Value</u>

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Applicants average number of employees (excluding affiliates) based on the number of persons employed on a full-time, part-time, temporary, or other basis during each of the pay periods of the preceding 12 calendar months (see 13 CFR 121.106): _____

How many employees (full-time, part-time, temporary, or other basis) does the business currently have? _____

Gross sales or receipts of business for each of its most recently completed three fiscal years as of the date of the application.

Year: _____ \$ _____

Year: _____ \$ _____

Year: _____ \$ _____

Total: _____ \$ _____

SECTION THREE: DIRECT OWNERSHIP & GENDER

To qualify as a WOSB, one or more women must unconditionally and directly own at least 51 percent of the concern. Ownership will be determined without regard to community property laws.

Requirement for unconditional ownership: To be considered unconditional, the ownership must not be subject to any conditions, executory agreements, voting trusts, or other arrangements that cause or potentially cause ownership benefits to go to another. The pledge or encumbrance of stock or other ownership interest as collateral, including seller-financed transactions, does not affect the unconditional nature of ownership if the terms follow normal commercial practices and the owner retains control absent violations of the terms.

Requirement for direct ownership: To be considered direct, the qualifying women must own 51 percent of the concern directly. The 51 percent ownership may not be through another business entity or a trust (including employee stock ownership plan) that is, in turn, owned and controlled by one or more women or economically disadvantaged women. However, ownership by a trust, such as a living trust, may be treated as the functional equivalent of ownership by a woman or economically disadvantaged woman where the trust is revocable, and the woman is the grantor, the trustee, and the sole current beneficiary of the trust.

Gender:

Do the birth certificates, naturalization papers, or passports for owners who are women show that the business concern is at least 51% owned and controlled by women who are U.S. Citizens? (Yes/No) _____

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Is the 51% ownership by women subject to any conditions, executory agreements, voting trusts, or other arrangements that cause or potentially cause ownership benefits to go to another? (Yes/No) _____

Is the 51% ownership by women through another business entity (including employee stock ownership plan)? (Yes/No) _____

Is the 51% ownership by women held through a trust? (Yes/No) _____ If so, is the trust revocable, and the woman the grantor, a trustee, and the sole current beneficiary of the trust?

(Yes/No/NA) _____

Explain why N/A:

Ownership: Complete the following for the four owners with greatest ownership interest.

OWNER ONE:

Owner Name: _____

Number of years as owner: _____ Percentage owned: _____

Familial relationship to other owner(s): _____

Initial investment to acquire ownership interest in firm:

Cash _____ Real Estate _____ Equipment _____ Other _____

Does this owner perform a management or supervisory function for another business? (Yes/No) _____ If yes, identify:

Name of business: _____ Function: _____

Does this owner own or work for another firm(s) that has a relationship with this firm? (e.g. ownership interest, share office space, financial investments, equipment leases, personnel sharing) (Yes/No) _____ If yes, identify:

Name of business: _____ Function: _____

Nature of business relationship: _____

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OWNER TWO:

Owner Name: _____

Number of years as owner: _____ Percentage owned: _____

Familial relationship to other owner(s): _____

Initial investment to acquire ownership interest in firm:

Cash _____ Real Estate _____ Equipment _____ Other _____

Does this owner perform a management or supervisory function for another business?
(Yes/No) _____ If yes, identify:

Name of business: _____ Function: _____

Does this owner own or work for another firm(s) that has a relationship with this firm?
(e.g. ownership interest, share office space, financial investments, equipment leases, personnel sharing)
(Yes/No) _____ If yes, identify:

Name of business: _____ Function: _____

Nature of business relationship: _____

OWNER THREE:

Owner Name: _____

Number of years as owner: _____ Percentage owned: _____

Familial relationship to other owner(s): _____

Initial investment to acquire ownership interest in firm:

Cash _____ Real Estate _____ Equipment _____ Other _____

Does this owner perform a management or supervisory function for another business?
(Yes/No) _____ If yes, identify:

Name of business: _____ Function: _____

Does this owner own or work for another firm(s) that has a relationship with this firm?
(e.g. ownership interest, share office space, financial investments, equipment leases, personnel sharing)
(Yes/No) _____ If yes, identify:

Name of business: _____ Function: _____

Nature of business relationship: _____

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OWNER FOUR:

Owner Name: _____

Number of years as owner: _____ Percentage owned: _____

Familial relationship to other owner(s): _____

Initial investment to acquire ownership interest in firm:

Cash _____ Real Estate _____ Equipment _____ Other _____

Does this owner perform a management or supervisory function for another business?
(Yes/No) _____ If yes, identify:

Name of business: _____ Function: _____

Does this owner own or work for another firm(s) that has a relationship with this firm?
(e.g. ownership interest, share office space, financial investments, equipment leases, personnel sharing)
(Yes/No) _____ If yes, identify:

Name of business: _____ Function: _____

Nature of business relationship: _____

Please answer for your business formation type:

FOR CORPORATIONS: Do your stock ledger and stock certificates evidence that at least 51% of each class of voting stock outstanding and 51% of the aggregate of all stock outstanding is unconditionally and directly owned by one or more women?

(Yes/No/NA) _____

If "N/A," explain why: _____

In determining unconditional ownership of the concern, any unexercised stock options or similar agreements held by a woman will be disregarded. However, any unexercised stock option or other agreement, including the right to convert non-voting stock or debentures into voting stock, held by any other individual or entity will be treated as having been exercised.

FOR PARTNERSHIPS: If a partnership, does the partnership agreement evidences that at least 51% of each class of partnership interest is unconditionally and directly owned by one or more women?

(Yes/No/NA) _____

If "N/A," explain why: _____

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FOR LIMITED LIABILITY COMPANIES: If a limited liability company, do the articles of organization and any amendments, and operating agreement and amendments, evidence that at least 51% of each class of member interest is unconditionally and directly owned by one or more women?

(Yes/No/NA) _____

If "N/A," explain why: _____

SECTION FOUR: CONTROL

To qualify as a WOSB, the management and daily business operations of the concern must be controlled by one or more women. Control by one or more women means that both the long-term decision making and the day-to-day management and administration of the business operations must be conducted by one or more women.

Identify your firm's Officers and Board of Directors:

<u>Officer</u>	<u>Board of Directors</u>	<u>Name</u>	<u>Title</u>	<u>Date Appointed</u>	<u>Gender</u>	<u>% of Ownership</u>
		_____	_____	_____		_____
		_____	_____	_____		_____
		_____	_____	_____		_____
		_____	_____	_____		_____
		_____	_____	_____		_____
		_____	_____	_____		_____
		_____	_____	_____		_____

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Citizenship of women owners:

<u>Name</u>	<u>% of Ownership</u>	<u>Citizenship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does the woman who holds the highest officer position of the concern work full-time and devote full-time to the business concern during normal working hours?

(Yes/No) _____

Does the woman who holds the highest officer position work part-time or full-time in any other business?

(Yes/No) _____ If yes, please provide the following:

<u>Business Name</u>	<u>Industry</u>	<u>Hours worked weekly</u>
_____	_____	_____

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Identify your firm's management personnel who control your firm in the following areas:

<u>Area</u>	<u>Name</u>	<u>Title</u>	<u>Gender</u>
Financial Decisions (acquiring credit, surety bonds, supplies, etc.)	_____	_____	
	_____	_____	
Estimating/Bidding	_____	_____	
	_____	_____	
Contract Execution	_____	_____	
	_____	_____	
Hiring/Firing	_____	_____	
	_____	_____	
Operations Supervision	_____	_____	
	_____	_____	
Purchasing of Major Equipment	_____	_____	
	_____	_____	
Authorized to Sign Company Checks	_____	_____	
	_____	_____	
Long term planning	_____	_____	
	_____	_____	

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Do any males or other entity exercise actual control or have the power to control the concern?

(Yes/No) _____

Does your business rely upon any standard or required industry licenses, certifications, or expertise as a standard requirement for doing business and conducting sales within your industry?

(Yes/No) _____

If yes, please list below:

<u>License/Expertise</u>	<u>License Holder</u>	<u>Date Acquired</u>	<u>Date Expires</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If any licenses above, are not held by the woman holding the highest officer position, detail experience and training that evidences the managerial experience needed to effectively manage and supervise those who possess the required licenses or technical expertise.

Does the business share any of the following with another business?

(Yes/No) _____ (check all that apply)

<u>Item</u>	<u>Explanation</u>
<input type="checkbox"/> Equipment/Machinery	_____
<input type="checkbox"/> Vehicles	_____
<input type="checkbox"/> Office Space	_____
<input type="checkbox"/> Storage Space	_____
<input type="checkbox"/> Employees	_____

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Control over business concern. Please answer for your business formation type:

FOR CORPORATIONS: Do the articles of incorporation and any amendments, articles of conversion, by-laws and amendments, shareholder meeting minutes showing director elections, shareholder meeting minutes showing officer elections, organizational meeting minutes, all issued stock certificates, stock ledger, buy-sell agreements, stock transfer agreements, voting agreements, and documents relating to stock options, including the right to convert non-voting stock or debentures into voting stock evidence that one or more women control the Board of Directors of the concern. (Yes/No) _____

FOR PARTNERSHIP: Does the partnership agreement evidences that one or more women serve as general partners, with control over all partnership decisions. (Yes/No) _____

FOR LIMITED LIABILITY COMPANY: Do the articles of organization and any amendments, and operating agreement and amendments evidence that one or more women serve as management members, with control over all decisions of the limited liability company. (Yes/No) _____

FINANCIAL CONTROL

Banking Information. Please provide details of your primary business banking relationship.

Name of Bank: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Signers on primary business bank account:

Identify the sources, amounts and purposes of the money loaned to your firm: (largest obligations)

<u>Loan Amount</u>	<u>Date Secured</u>	<u>Purpose of Loan</u>	<u>Lender</u> (individual or institution)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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List all contributions or transfer of assets to/from your firm and to/from any of its owners over the past two years:

<u>Contribution/ Asset</u>	<u>Dollar Value</u>	<u>From Whom Transferred</u>	<u>To Whom Transferred</u>	<u>Relationship</u>	<u>Date of Transfer</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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REQUIRED DOCUMENTS

I understand the following Supporting Documents must be provided (signed as applicable) as part of this Application for certification as a WOSB.

(Yes/No) _____

- Birth certificates, Naturalization papers, or unexpired passports for owners who are women;
- Copy of the joint venture agreement with any third party, if applicable;
- For limited liability companies: (i) Articles of organization (also referred to as certificate of organization or articles of formation) and any amendments; and (ii) Operating or member agreement, and any amendments;
- For corporations: (i) Articles of incorporation and any amendments; (ii) By-laws and any amendments; (iii) All issued stock certificates, including the front and back copies, signed in accord with the by-laws; (iv) Stock ledger; and (v) Shareholder or voting agreements, if any;
- For partnerships: the partnership agreement and any amendments;
- For sole proprietorships (and corporations, limited liability companies and partnerships if applicable): the assumed/fictitious name certificate(s);
- The firms most recent Federal 941 Quarterly Payroll Tax Returns;
- Federal business tax returns and all schedules for the last three years;
- Current business financial statements.
- A written financial and management history of your firm including ownership origination and changes, management, cash and equity contributions;
- Resumes for all owners (more than 10%) to include education, training, employment and current job responsibilities;
- W-2 or 1099 for every Officer, Director or Owner;
- Current bank signature card or corporate resolution detailing authorized signers;
- A copy of the most recent itemized payroll for all employees
- Signed leases for primary facilities;
- A list of all major capital assets, such as property, office/facilities, equipment, vehicles with value, ownership or lease status noted, and (if leased) the name of the entity from which the equipment was leased;
- Documentation of any transfer of assets to or from the firm or between Officers, Directors or Owners within the last two years;
- Copies of all licenses and/or certifications required for primary business activities of the firm;

[Note: Please go to <http://www.uswcc.org/certification> to learn about accepted methods for submission of supporting documents.]

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CERTIFICATION: SIGNATURE

By signing this form, I certify that:

1. I have personally reviewed the responses to every question on this form and all supporting documents I am providing in conjunction with this application for certification,
2. All responses, statements and information provided, and documents I submit in conjunction with this certification application are true and complete to the best of my knowledge,
3. All of the acknowledgements previously signed and agreed to in the "Preliminary Acknowledgements" are part of the process of Women-Owned Small Business and/or Economically Disadvantaged Women-Owned Small Business certification process as facilitated by the U.S. Women's Chamber of Commerce,
4. The U.S. Women's Chamber of Commerce may request further clarification or supporting documentation in order to assist in the certification process including examination and review of books, records, documents and files, in whatever form they exist of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents and employees. I understand the refusal to permit such inquiries or provide additional materials when requested shall be grounds for denial of certification.
5. I understand the U.S. Women's Chamber of Commerce may also request clarification, supporting documentation, and inspect my place of business anytime during the period my business holds a certification from the U.S. Women's Chamber of Commerce to assure quality control of the U.S. Women's Chamber of Commerce certification,
6. I agree to hold the U.S. Women's Chamber of Commerce harmless from any and all claims, demands, and damages whatsoever arising out of the presentation of this application and agree to indemnify and hold harmless the U.S. Women's Chamber of Commerce for any and all liability in connection with the certification of the information contained in this application,
7. I understand that all materials submitted with this application shall become the sole property of the U.S. Women's Chamber of Commerce,
8. I authorize the U.S. Women's Chamber of Commerce to make contact with any entity named in the application including but not limited to banking institutions, credit agencies, other certifying entities for the purpose of verifying the information supplied,
9. I authorize the U.S. Women's Chamber of Commerce to provide the SBA or any Federal Government entity with any documentation relied upon for certification request by the SBA or any Federal Government entity in response to a status protest, eligibility examination, performance review, investigation, or audit,
10. I understand I am representing on my own behalf, and on behalf of the business for which this application is being submitted,
11. I am an officer of the Applicant firm authorized to represent it and sign this certification application on its behalf.

Business Name: _____

Authorized Signer: _____ Title: _____

Signature: _____

Date: _____