



Creating Opportunities...Recognizing Excellence

Certification Application Questions

TECHNOLOGY REQUIREMENTS: PC or MAC computer; Internet Explorer or Mozilla Firefox browser; high-speed internet connection; pop up blocker turned off and a printer. For technical issues with the www.wbenc.org web site, please contact support@wbenc.org or 202-872-5515 X 8100. For questions relating to the questions or documentation, please contact your state's assigned regional partner organization. <http://www.wbenc.org/About-WBENC/Regional-Partner-Organizations/>

INSTRUCTIONS: Once you begin the online application, you will have 90 days to submit it or it will purge the system. Therefore, it is strongly recommended that this be the last step in the process and that the documentation portion is completed first. Each page must be complete before it may be saved. If you do not have an answer, please enter a place holder that you will edit later, and save the page. Please only answer questions that pertain to your company, those that do not, should be left blank. Questions with a red asterisk are required. At the end of the application, the summary view will automatically open. At this time please print the summary and affidavit, but **DO NOT SUBMIT**. Please review the summary for any corrections that need to be made as once you submit **NO EDITS** can be made to the application. **Note:** The online application will become your company's resume once certification is granted and will be seen by Corporate Members and other certified WBEs. Please take the time to ensure their first impression of your company is one that reflects professionalism and attention to detail!

Registration:	Page One	Will need legal name of company, zip code, tax id, Female Owner's name, email and phone.
	Page Two	System will assign a user id. Please make note of it in the field above the password field before creating a password of your choice. SAVE BOTH as this information will be required for as long as your company is associated with WBENC.
	Application will open:	Reminder: From the date of registration, the application must be submitted within 90 days or it will purge.
Tab	Questions	Instructions for Answering
General Tab	Legal Business Name	The name that appears on your legal documents

	Former Company Name/s	Only answer if it applies.
General Continued	Doing Business As	Only answer if you use a company name other than your legal name. Must provide an assumed name document for this name to be on your certificate.
	Where did you hear about us?	There will be a drop down list.
	Website Address	If you do not have one, please enter www.notapplicable.com
	Federal Tax ID	Please do not use a hyphen when you enter the number
	Dun & Bradstreet Number	List, only if applicable. Otherwise leave blank.
	Legal Structure	Corporation, LLC, etc. (multiple choice)
	State of Incorporation	State where your incorporation documents were filed.
	Annual Sales or the past three fiscal years as recorded on your tax return.	Enter whole numbers only. Only enter amounts for the years that your company was in business. Example: If you company began in 2010, you would only enter 2010 and 2011. If you had no revenue for 2010, you would enter a 1. If this is the first year your company was in business, this question would not apply.
	Industry	Drop list of various industry classifications to choose from.
	Business Acquisition	Drop list to choose from. Started, Bought, etc.
	Year Established	First year the business was in operations.
	Year Company was acquired by current owner.	If the current owner started the business, do not answer this question.
	Number of Employees	Counting the owners that work for the company, whether W2 or not, plus the number of full and part-time W-2 employees that work in your office.
	Of the employee amount listed above, how many are female?	Self-explanatory
	Ethnicity	Ethnicity of the major female owner. Multiple choice lists to choose from.

General Continued	Headquarters Address	Physical location of the office where core business is conducted
	Mailing Address	Mailing address for headquarters. If same may select the box for same as headquarters.
	Owner Contact	Name of female owner with the highest percentage of ownership. If equal female ownership, list female holding the highest office. Name, title, email, phone and fax.
	Company Contact	If possible, please list someone other than the owner contact who should also receive communications regarding certification as both the owner and company contact receive communications. Name, title, email, phone and fax.
	Additional question for contact only: Would you like to receive emails from other WBEs?	This is an "opt out" feature that only affects a WBE level search result. It has no effect on a WBENC, RPO or Corporate Member search results. WBENC recommends you answer Yes. If you find that you are receiving too many solicitation emails from other WBEs you will have the ability to change the answer to No.
Capabilities Tab	Primary NAICS Code	The code listed as primary must represent the bulk of the revenue for your company. This code is usually designated by your accountant on your federal tax return.
	Secondary NAICS Code	List only codes that are specific to what your company does. If necessary, list only the overall industry code. Refer to North American Industry Classification System on Internet to determine best codes for your company. http://www.census.gov/eos/www/naics/ (Note: in very rare cases, a company may have more than 35 codes; however, only 35 will appear on the certificate.)
	UNSPSC Code/s	Refer to United Nations Standard Product Service Code on internet. http://www.unspsc.org/ (Note: in very rare cases, a company may have more than 35 codes; however, only 35 will appear on the certificate.)
	Specific Product/Service Description	You may enter a total of 500 keystrokes. It is recommended that you use only key words separated by a semi colon. Please type the description in a Word Document so that you may do a spell check and character count. Once done, you can cut and paste into the online application.

	Geographical Service Area	Multiple Choice selection of Local, Regional, National, or Global
References Tab	Three sections for References	Must enter at least one customer or vendor
		A contact and their information will be required for each reference. (Name, email, phone)
References Continued	Credit/Bank Reference	Company Credit Card, Line of Credit, Checking, etc. Click "Add New" to add each entry. Each credit reference will require a contact, address and phone. If there is no personal contact, enter n/a as the name, enter the main telephone number for the company and leave the email address blank.
Real Estate Tab	Do you maintain a staffed, full-time office?	Yes/No choice selection
	Is your main facility an office or in the home?	Yes/No choice selection
	List of Facilities	The first entry should be the physical location of where the core business is conducted. Type would be Principal Place of Business. Click "Add New" to add each office, warehouse, etc.
Equipment/Vehicles Tab	List of critical equipment used to conduct your business.	This question is not regarding office equipment, but rather specific equipment used to perform the service or create the product. Note: If your inventory is more than four items, you may skip this question and submit an inventory list as an additional document. Please note on the list, the type of equipment and whether it is owned or leased.
	Vehicle Owned by the Company	Description and option to select that the equipment is Leased or Owned
Management Tab/ Section 1	List all owners, board of directors, officers, trusts and companies that hold any ownership interest in this company.	Name, Title, US Citizenship or Alien Resident Expiration Date, exact % of ownership, and gender. This section must equal 100% or the page will not save. If there are 3 owners and they share equally, you will need to list one owner as 33.34%

Management Section 2	Do any of the people listed in section one work for or own another company? Is so, please list name and appropriate information.	Company name, % of ownership, title, company's relationship to the company applying for certification. Affiliate (Minority interest or product/service relationship) Subsidiary (Majority interest) or Other
Management Section 3	Management Authorities	Any employee or owner having at least one of the authorities listed on the application should be listed in this section.
Management Section 4	Management Contribution Section	All owners must be listed here. This question refers to the initial investment into the company that provided them their ownership. What, Value, and Source must be provided.
Relationships	Does the applicant company have any subsidiaries/affiliates or is the applicant company a subsidiary or affiliate?	Yes/No (see definition for subsidiary/affiliate on the document required list) If yes, provide name and address of business organization.
	Is the applicant company a franchise?	Yes/No If yes, please include Franchise agreement with documents. Please review Franchise agreement to ensure the owner control has not been overly limited.

Management Change	Does the applicant business or any person listed in section one of the management section plan to enter into any type of agreement with any person or entity that relates to or affects the ongoing administration, management or operation of the applicant?	Yes/No choice selection. Note: If yes, please consult the regional office that handles your state prior to submitting an application to ensure that your plans would not jeopardize certification.
WBE Additional Information	Is the applicant involved in any present or pending law suit?	Yes/No choice selection. If yes, details are required.
	Is the applicant business involved in bankruptcy or insolvency proceedings?	Yes/No choice selection. If yes, details are required.
	Do you have other certificates?	Yes/No followed by a drop box of certificates to select from. You may also select Other and then provide the type of certificate in the text box.
	Are you affiliated with any of WEConnect Organizations?	Yes/No choice selection. If yes, you will select which organizations from the list.
	Are the majority of the female owners US Citizens or Legal Resident Aliens?	Multiple Choice Selection
	Are you conducting business with countries outside of the US?	Yes/No choice Selection. If yes, you will list the countries in the box separated by semi colon.
	Does your company have its' own Supplier Diversity Program in place?	Yes/No choice selection.
	Have you ever been denied certification by anyone?	Yes/No choice selection. If yes, you will need to supply agency, date and reason for denial.

	Other Certifications your company holds.	Drop down list to choose from. At this time, state and city are not part of the list. We hope to have this capability in 2010 for your recertification.
WOSB Additional Info Tab FEDERAL CERTIFICATION SEPARATE FROM WBENC!	This tab is for Federal Certification and separate from WBENC WBE certification.	This tab should not be completed if your primary NAICS code has been designated by the SBA as economically disadvantaged as WBENC is not permitted to process those applications. It should also not be completed if your company does not have a Dunn and Bradstreet Number or meet the basic criteria. To learn more go to http://www.wbenc.org/Government/