**This form is for firms already certified by certain Nationally Recognized Certifying Organization(s). Use this form to request the Commonwealth of Massachusetts’ Supplier Diversity Office recognize your certification with one or more of these selected certification categories identified below. Should your request be accepted, your firm will be included in the SDO’s public directory in the corresponding category (ies) by your certifying organization(s)**

**Provide Information on Your Current Certifications**

| **Check all that apply and provide certification start and end dates for all selected lines** | **Expiration Date** |
| --- | --- |
| [ ]  - **Disability-Owned Business Enterprise (DOBE)** issued by Disability:IN, formerly known as the U.S. Business Leadership Network (USBLN) | Date |
| [ ]  - **Lesbian, Gay, Bisexual or Transgender-Owned Business Enterprise (LGBTBE)** issued by NGLCC, the National LGBT Chamber of Commerce | Date |
| [ ]  - **Service-Disabled Veteran-Owned Business Enterprise (SDVOBE)** issued by Disability:IN, formerly known as the U.S. Business Leadership Network (USBLN) | Date |
| [ ]  - **Service-Disabled Veteran-Owned Business Enterprise (SDVOBE)** issued by VetBiz/U.S. Department of Veterans Affairs Office of Small and Disadvantaged Business Utilization (OSDBU) | Date |
| [ ]  - **Veteran-Owned Business Enterprise (VBE)** issued by VetBiz/U.S. Department of Veterans Affairs Office of Small and Disadvantaged Business Utilization (OSDBU) | Date |

**Company Information**

| **Required Information** | **Applicant Response** |
| --- | --- |
| **COMMBUYS Registration** - All Firms seeking DOBE, LGBTBE, SDVOBE and/or VBE certification are required to register in the Commonwealth’s Market Center, at [www.COMMBUYS.com](http://www.commbuys.comu/), unless they request a waiver of the COMMBUYS registration requirement. **Check the applicable box:**  | [ ]  - I have registered my firm in COMMBUYS, where the Commonwealth and many municipalities post their bidding opportunities; my COMMBUYS Vendor ID # is: Click here to enter the COMMBUYS Vendor ID.; or[ ]  - I have not registered my firm in COMMBUYS because I am not interested in Commonwealth public bidding/contract opportunities and request a waiver of the COMMBUYS registration requirement. |
| **Small Business Purchasing Program (SBPP)**[[1]](#footnote-1)**:** When registering in COMMBUYS, did you also register for the SBPP? **(Check one):** | [ ]  - Yes; -or- [ ]  - No; If no, please describe why: Click here to enter text. |
| **Required Company Information** | **Applicant Response** |
| Eligible Principal/ Majority Owner Name (*First Name & Last Name*): |  |
| Contact Person Name (*if different from above*): |  |
| Company Name (*exactly as appears on the certificate issued by the Certifying Organization*): |  |
| Doing Business As (*DBA*): |  |
| Federal Employer Id # (*FEIN or SSN*): |  |
| DUNS number (*required for veteran businesses*): |  |
| Email Address: |  |
| Company Website: |  |
| Phone Number: |  |
| Facsimile Number: |  |
| Street Address: |  |
| City, State Zip Code: |  |
| Business Description of Goods/Services provided (*same as accepted by the Certifying Organization*): |  |
| Applicable [NAICS codes](http://www.census.gov/eos/www/naics/) (as accepted by the Certifying Organization): |  |
| Please enter the ethnicity code(s) associated with the majority owner(s): | **Ethnicity Codes:** 2 = Caucasian; 3 = Black/African American; 4 = Hispanic/Latino; 5 = Asian American (Pacific); 5A = Asian American (Subcontinent); 6 = Native American; 7 = Cape Verdean; 9 = Portuguese; A = Aleut/Eskimo. **Enter ethnicity code:** Click here to enter ethnicity code(s). |
| Does the firm fall into any of the following other categories, even if not certified as such *(please check all that apply)*:  | [ ]  - 51% or more owned and controlled by a minority individual(s)[ ]  - 51% or more owned and controlled by a woman(women)[ ]  - 51% or more owned and controlled by a Portuguese individual(s)[ ]  - 51% or more owned and controlled by veteran(s)[ ]  - 51% or more owned and controlled by disability individual(s)[ ]  - 51% or more owned and controlled by LGBT individual(s)If certified in any of the categories in this section, please provide the name of the certifying organization: Click here to enter the name of the certifying organization. |

By submitting this application and signing below, I agree to adhere to the SDO’s certification regulations, [425 CMR 2.00](http://www.mass.gov/anf/docs/osd/sdo/forms/state-425-cmr.pdf), and hereby authorize the Supplier Diversity Office (SDO) of the Operational Services Division (OSD) to:

* Accept my firm’s certification from the above-referenced Certifying Organization(s) for purposes of conducting business with the Commonwealth of Massachusetts in the above-referenced Certification Category;
* Request confirmation of certification by the above-referenced Certifying Organization(s); and
* List my company name in the public SDO state certification directory under the above-referenced Certification Category.

The SDO will use this application and certification by the above-referenced Certifying Organization to confirm eligibility. SDO employees shall adhere to OSD’s [privacy policy](http://www.mass.gov/anf/utility/privacy-policy.html) during this review. This information will solely be released or disclosed on an as needed basis in connection with the applicant firm’s certification confirmation. An electronic or photo copy of this document shall have the same legal effect as the original. Certification eligibility shall be evaluated under current circumstances. Additional or updated information may be requested on an as needed basis. The SDO will use the contact information above to communicate with applicant.

By signing below, I agree to allow the SDO to utilize application information about my firm after being successfully certified in order to enable the OSD and other agencies participating in supplier diversity programs (including, but not limited to Commonwealth Departments, the MBTA, and MassHousing) to identify my firm in their respective vendor databases, which may also be public, as being certified.

I have read and understand the terms of this application, which shall remain in effect until I revoke it in writing. In signing below I understand that I have a continuing duty to notify the above-referenced Certifying Organization and the SDO within thirty (30) business days of any change in circumstances (ownership or control) or if my firm is decertified for any reason by above-referenced Certifying Organization(s). The forgoing statements are made of my own free will under the pains and penalties of perjury.

| **Signature of Eligible Principal or Owner (s)** | **Typed/Written Name of Eligible Principal/Owner(s)** | **Date Signed** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

**Submission Instructions:**

**1.)** Complete this verification form in full;

**2.)** Attach a copy of current certificate issued by the Certifying Organization(s);

**3.) Scan all information into one pdf document and email to:** Algeria Marsh, SDO Coordinator at algeria.marsh@state.ma.us

1. To qualify for the SBPP, a firm must: (1) Have its principal place of business in Massachusetts; (2) Have been in business for at least one year; (3) Currently employ a combined total of 50 or fewer full-time employee (FTE) equivalents in all locations; and (4) Have gross revenues as reported on the appropriate Massachusetts Department of Revenue state tax forms of $15 million or less, based on a three (3)-year average. [↑](#footnote-ref-1)