

Supplier Diversity Office

MA-State (MBE/WBE/PBE/VBE) Verification Application

(For already Certified DBE Businesses)

By completing this verification form, I acknowledge that I am currently certified by the Supplier Diversity Office's (SDO) Unified Certification Program (UCP) as a Disadvantaged Business Enterprise (DBE). I confirm that my firm satisfies all DBE certification criteria codified at 49 C.F.R. § 26 Subpart D.

Required Information	Applicant Response
Company Name:	
Telephone Number:	
Mailing Address:	
Email Address:	
Federal Employer Id # (FEIN or SSN):	
All State Certification Types (Check all that apply):	<input type="checkbox"/> Minority Business Enterprise (MBE) <input type="checkbox"/> Woman Business Enterprise (WBE) <input type="checkbox"/> Veteran Business Enterprise (VBE) ¹ <input type="checkbox"/> Portuguese Business Enterprise (PBE)
Please select the applicable ethnicity code: Select	
*Ethnicity Code (9) qualifies for PBE, not MBE certification.	

By signing below, I agree to adhere to the SDO's state certification regulations, [425 C.M.R. § 2.00, et seq.](#), including state renewal and recertification procedures, which are different than the DBE procedures, as directed by SDO, and hereby authorize the SDO to:

- Rely on my firm's DBE certification status for purposes of evaluating my firm's application for State Certification; and
- If your application is approved, list your company name and certification category(ies) in the SDO state certification directory, which is publicly viewable; and
- If your application is approved, to allow the Commonwealth, including, but not limited to, its agencies, authorities, municipalities, and independent entities participating in supplier diversity programs to identify your firm in their respective vendor databases, which may be public, as being certified or verified in the categories you are applying for, and identify your third -party certifier in some instances. The Commonwealth may also share information included in your application with these entities to assist them with development and implementation of their supplier diversity programs and reports.

The SDO will use this cover sheet and supporting documentation to assist with its own MBE/WBE/PBE/VBE eligibility review. SDO employees shall adhere [SDO's privacy policy](#) during this review. I understand that DBE certification does not guarantee verification by the state certification program. Additional or updated information may be requested on an as needed basis. The SDO will use the contact information above to communicate with the applicant firm.

An electronic or photo copy of this document shall have the same legal effect as the original.

¹ Veteran status alone does not qualify as social disadvantage for purposes of DBE certification.

² 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.

By signing below, I agree to allow the Commonwealth, including, but not limited to, its agencies, authorities, municipalities and independent entities participating in supplier diversity programs to identify my firm in their respective vendor databases as being certified. I have read and understand the terms of this authorization, 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 SDO within thirty (30) business days should my firm be decertified or debarred in any jurisdiction or of changes to my firm that could jeopardize my firm's ability to satisfy pertinent certification criteria enumerated at [425 C.M.R. § 2.00, et seq.](#) The forgoing statements are made of my own free will under the pains and penalties of perjury.

Signature of Eligible Principal or Agent	Typed/Printed Name of Eligible Principal/Agent	Date Signed

Submission Guidelines:

- 1) Complete this form entirely;
- 2) Attach a copy of supporting documents as listed below;
- 3) Scan, and upload this form and all supporting documents into a single PDF file;
- 4) On the [SDO Certification Portal](#), enter your Tax ID and follow instructions for establishing log-in credentials;

If you have questions, please contact the SDO Webmaster at webmaster.sdo@mass.gov.

Check List of Supporting Documents :

Check Below:	Documents Required to be Submitted with this Application:
<input type="checkbox"/>	1 -Copy of most recent Massachusetts DBE Certification Letter. OUT OF STATE FIRMS: To use this verification form, you must be certified as an Interstate DBE in Massachusetts by the Massachusetts Unified Certification Program (MassUCP).
<input type="checkbox"/>	2 -Current resumes held by owners, officers and key employees demonstrating education, training, and prior employment dates and duties.
<input type="checkbox"/>	3 -Current Massachusetts professional licenses used in the conduct of the business and held by owners, officers and key employees (if applicable).
<input type="checkbox"/>	4 -Copy of a birth certificate, US passport, lawful permanent resident card or tribal registration card (If Native American) for all owners whose ownership is relied upon for purposes of state certification verification.
<input type="checkbox"/>	5 -Copy of most recent complete Business Federal Tax Return, signed or with proof of e-filing , including all schedules or the extension submitted to the IRS. Do not include state taxes. If less than one year in business, substitute with a copy of the opening business balance sheet. Sole proprietors submit business 1040 federal personal tax return, signed or with proof of e-filing , including Schedule C or the extension submitted to the IRS.
<input type="checkbox"/>	VETERAN BUSINESS ENTERPRISE (VBE) – Additional Required Documentation: All VBE applicants must provide applicable supporting documentation above, and:
	6 -Certificate of Release or Discharge from Active Duty a/k/a Report of Transfer or Discharge (DD Form 214) for all owners whose ownership is relied upon for purposes of state certification verification.
<input type="checkbox"/>	OUT OF STATE FIRMS – Additional Required Documentation: All out of state applicants must provide applicable supporting documentation above, and:
	7 -Copy of your most recent home state DBE Certification Letter.
<input type="checkbox"/>	8 -Copy of your most recent home state DBE site visit report. If you do not have your site visit report, please list the name of your home state DBE certifying agency and its contact information below. <u>Certifying Agency:</u> . <u>Contact Name:</u> . <u>Telephone Number:</u> . <u>Email Address:</u> .