**By filling in, signing, and submitting this cover sheet, I certify that I am currently certified by the Women’s Business Enterprise National Council (WBENC) via the Center for Women & Enterprise (CWE)[[1]](#footnote-2) as a Women’s Business Enterprise (WBE). I further certify that my firm currently satisfies all WBE certification criteria codified at 425 CMR 2.00 *et. seq*.**

| **Required Information** | **Applicant Response** |
| --- | --- |
| Eligible Principal/Majority (*First Name & Last Name*): |  |
| Contact Person Name: (*If different from above*) |  |
| Company Name: |  |
| Doing Business As (*DBA*): |  |
| Federal Employer Id # (*FEIN or SSN*): |  |
| Email Address: |  |
| Company Website: |  |
| Phone Number: |  |
| Facsimile Number: |  |
| Street Address: |  |
| City, State Zip Code: |  |
| Business Description of Goods/Services:(*same description of the WBENC-CWE*): Limit your response to 2 or 3 sentences.[[2]](#footnote-3) |  |
| Business Entity Type: (Check one) | - **Sole Proprietorship**  **Corporation**  **LLC/LLP**   **Partnership**  **Corporation**  **Business Trust** |
| **Required COMMBUYS Registration:** All Firms seeking WBE certification must register in the Commonwealth’s Market Center, COMMBUYS 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. |
| **MA BASED BUSINESSES (only) - Small Business Purchasing Program (SBPP)** [[3]](#footnote-4)**:** 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. |
| **Is the firm’s management and control overseen by someone other than the women owner(s) holding majority ownership?** | - No; -or-  - Yes; If yes, please provide more information: Click here to enter text. |

By signing below, I agree to adhere to the SDO’s state certification regulations, [425 C.M.R. § 2.00](http://www.mass.gov/anf/docs/osd/sdo/forms/state-425-cmr.pdf), *et seq.*, including renewal and recertification procedures, which will require the upload of WBENC Certificates on an annual basis, as directed by SDO, and hereby authorize the SDO to:

* Rely on my firm’s WBENC certification status for purposes of reviewing my firm’s request for State Certification; and, if my certification application is approved, list my company in the public SDO state certification directory as a WBE certified by WBENC.

The SDO will use this sheet and supporting documentation to assist with its own WBE processing. SDO employees shall adhere to OSD’s [privacy policy](http://www.mass.gov/anf/utility/privacy-policy.html) during this review. Additional or updated information may be requested on an as needed basis throughout your firm’s participation in SDO certification programs. The SDO will use the contact information above to communicate with the firm. An electronic or photo copy of this document shall have the same legal effect as the original.

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, which may be public, as being certified as a WBE. 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 by WBENC, debarred in any jurisdiction, or of changes occur that could jeopardize my firm’s ability to satisfy pertinent certification criteria enumerated at [425 C.M.R. § 2.00](http://www.mass.gov/anf/docs/osd/sdo/forms/state-425-cmr.pdf), *et seq.* The forgoing statements are made of my own free will under the pains and penalties of perjury.

| **Signature of Majority Owner(s)** | **Typed/Printed Name of Majority Owner(s)** | **Date Signed** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

**Submission Instructions:**

1. Complete this form in full;
2. Attach a copies of all supporting materials as listed below; and
3. **Scan all information into one document and email to:** [**webmaster.sdo@mass.gov**](mailto:webmaster.sdo@mass.gov)

**Supporting Materials Checklist:**

| **Check Below::** | **Documents Required to be Submitted with this Application:** |
| --- | --- |
|  | **Original** signed Request for Verification of Taxation Reporting Information (W-9) Form. <http://www.mass.gov/anf/docs/osd/sdo/forms/sdo-request-form.pdf> |
|  | **Original** signed Commonwealth Terms and Conditions Form. <http://www.mass.gov/anf/docs/osd/sdo/forms/state-terms-conditions.pdf> |
|  | A copy your firm’s most recent CWE Certificate, as issued by CWE. |

1. Businesses certified by other WBENC affiliates, please refer to [mass.gov/sdo](http://www.mass.gov/sdo) for instructions. [↑](#footnote-ref-2)
2. SDO may contact you to expand or shorten your business description if needed. Our database only supports short, concise descriptions that will be used to search for your business. [↑](#footnote-ref-3)
3. 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 year average. [↑](#footnote-ref-4)