**By filling in, signing, and submitting this cover sheet, I certify that I am currently certified by the Supplier Diversity Office’s (SDO) Unified Certification Program (UCP) as a Disadvantaged Business Enterprise (DBE). I further certify that my firm currently 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 Sought (Check all that apply):** | - Minority Business Enterprise (MBE)  - Woman Business Enterprise (WBE) | | - Veteran Business Enterprise (VBE)[[1]](#footnote-2)  ☐- Portuguese Business Enterprise (PBE) | |
| **Please enter Ethnicity Code (at right):**  **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. \*Please note that Ethnicity Code 9 qualifies for PBE, not MBE certification. | | | | **Ethnicity Code:** |
| **Required COMMBUYS Registration:** All Firms seeking MBE, WBE, VBE and/or PBE certification are required to register in the Commonwealth’s Market Center, COMMBUYS[[2]](#footnote-3) at [www.COMMBUYS.com](http://www.commbuys.comu/), unless a waiver of the COMMBUYS registration requirement has been requested and approved. **(Check one):** | | - 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):** 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. | | |

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 state renewal and recertification procedures, which are different than the DBE renewal and recertification 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 my certification application is approved, list my company name in the SDO state certification directory.

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 to OSD’s [privacy policy](http://www.mass.gov/anf/utility/privacy-policy.html) 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.

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](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 Eligible Principal or Agent** | **Typed/Printed Name of Eligible Principal/Agent** | **Date Signed** |
| --- | --- | --- |
|  |  |  |

**Submission Instructions:**

1. Complete this form in full;
2. Attach a copy of supporting materials as listed below; and
3. **Email the information to** [**wsdo@state.ma.us**](mailto:wsdo@state.ma.us)**,** or mail to:

Supplier Diversity Office

1 Ashburton Place, Room 1017

Boston, MA 02116

**Supporting Materials Checklist:**

| **Check Below::** | **Documents Required to be Submitted with this Application:** |
| --- | --- |
|  | Copy of most recent Massachusetts DBE Certification Letter. **OUT OF STATE FIRMS – You must be certified as a DBE in Massachusetts by the Massachusetts Unified Certification Program (MassUCP) to use this form.** To obtain interstate DBE certification, visit [www.mass.gov/sdo](http://www.mass.gov/sdo) and click “DBE Interstate Certification.” |
|  | **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> |
|  | 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. |
|  | 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 business1040 federal personal tax return, **signed or with proof of e-filing**, including Schedule C **or** the extension submitted to the IRS. |
|  | **VETERAN BUSINESS ENTERPRISE (VBE) - Additional Required Documentation:** All VBE applicants must provide applicable supporting documentation above, and: |
|  | 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. |
|  | **OUT OF STATE FIRMS – Additional Required Documentation:** All out of state applicants must provide applicable supporting documentation above, and: |
|  | Copy of your most recent home state DBE Certification Letter. |
|  | 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.**  Certifying Agency:  Contact Name:  Telephone Number & Email Address: |

1. Veteran status alone does not qualify as social disadvantage for purposes of DBE certification. [↑](#footnote-ref-2)
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. [↑](#footnote-ref-3)