

# VETERAN/MBE/DBE/WBE CERTIFICATION APPL



Information	Person Applying	VBE	SDVBE	MBE	WBE/HUB
Date					
Your Name					
Email Address					
Telephone Number					
Address					
Business	Construction	Professional	Education	Specialized	Other
Name of Business					
Address of Business					
Phone Number of Business					
Email Address					
State Business Structured					
Effective Date of Business					
How Many Years in Business					
Employer Identification Number					
Duns Number					
Name of Partner #1					
Address of Partner #1					
Name of Partner #2					
Address of Partner #2					
NAICS CODES	Please list NAICS				
1					
2					
3					
4					
5					
Requirements	Person Applying	VBE	SDVBE	MBE	WBE/HUB
Are you a Minority Yes No	Woman Yes No	Veteran Yes No	Disabled Vet Yes No	Disadvantaged?	Yes No
Who Owns 51% of the Business					
Have you ever applied for a Certification and was denied?		Yes No			
If ever denied, when?					
If ever denied, why?					
How many hours do you work at your own business?					
Do you have a current employer?					
If so, Name/Address of current employer					
How many hours do you work for your current employer?					
Do any of the Partners work outside the business?					
If so, who?					
Name/Address of the current employer					
If any business owners works outside of the business, would you be willing to provide a letter?				Yes No	
References	Name	Company	Tele#	Amt of Job	
Name/Company Name Reference #1					
Name/Company Name Reference #2					
Name/Company Name Reference #3					
Business Description					
Business Description					

This application serves as a preliminary informaiton. A checklist of required information (for ALL STATES) will be provided. All information will be gathered to prepare the necessary state, regional and federal applications for your Certification (s). Ask your Representative to research applicable Contracts based on your business services. Please email to [Info@GenesisPreferred.com](mailto:Info@GenesisPreferred.com) or fax to 800-718-2425.