

VETERAN/MBE/DBE/WBE CERTIFICATION APPL



<input type="checkbox"/> M/WBE/DBE only \$625		<input type="checkbox"/> VBE/SDVBE \$995only		<input type="checkbox"/> Mentor Strategy \$1600		<input type="checkbox"/> Pkg	
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		How Many Years in	
Employer Identification Number							
Duns Number (if any)							
Name of Partner #1							
Address of Partner #1							
Name of Partner #2							
Address of Partner #2							
NAICS CODES		Please list NAICS					
1		4					
2		5					
3		6					
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?				Yes No			
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?				Yes No		If so, who?	
Name/Address of the current employer							
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.

By signing the application, you authorize Genesis Preferred Solutions to act on your behalf to obtain your certification through the specific certifying agency(ies). You also agree that the information you provide as required by the agency(ies) are true and correct. Providing false documents is a penalty and you hereby release Genesis Preferred Solutions and its representatives of any liability. You also agree to pay the fee of \$ _____ and I authorize Genesis Preferred Solutions to take payment(s) from my banking institution for said sum without refute or challenge.

_____ Signature _____ Date