



Creating Opportunities...Recognizing Excellence

Certification Application Questions

TECHNOLOGY REQUIREMENTS: PC or MAC computer; Internet Explorer, Mozilla Firefox or Safari browser; high-speed internet connection; pop up blocker turned off and a printer. For technical issues with the www.wbenclink.org web site, please contact support@wbenc.org.

INSTRUCTIONS: Once you begin the national online application, you will have 90 days to submit or it will auto-purge the system. Therefore, it is strongly recommended that this be the last step in the process and that the documentation portion is completed first. When completing the national online application, each page must be completed in its entirety before it may be saved. If you do not have an answer, please enter a place holder, that you can edit later, and save the page. Please only answer questions that pertain to your company, those that do not, should be left blank. Questions with a red asterisk are required. At the end of the application, the summary view will automatically open. At this time please print the summary and affidavit, but **DO NOT SUBMIT** prior to ensuring that all information is accurate. Once you submit the national online application- **NO EDITS** can be made-therefore it is imperative that you review the summary prior to submission. **Note:** The national online application will become your company's resume once certification is granted and will be viewable by Corporate Members and other certified WBEs. Please take the time to ensure that your company's capabilities and relevant information is accurately and appropriately provided.

Registration:	Page One	The legal name of company, zip code, tax id, Female Owner's name, email and phone are required
	Page Two	The complete email address of the female owner listed on page one of the registration will be the user id for your company. You will be asked to create a password of your choice. No specific criteria must be met for the password.
	Application will open:	Reminder: From the date of registration, the application must be submitted within 90 days or it will auto-purge.
Tab	Questions	Instructions for Answering
General Tab	Legal Business Name*	The name that appears on your legal documents

General Continued	Former Company Name/s	Only answer if it applies.
	Doing Business As	Only answer if you use a company name other than your legal name. Must provide an assumed name document for this name to be on your certificate.
	Where did you hear about us?*	A drop down list is provided.
	Website Address*	If you do not have one, please enter www.notapplicable.com
	Federal Tax ID*	Please do not use a hyphen when you enter the number
	Dun & Bradstreet Number	List, only if applicable. Otherwise leave blank.
	Legal Structure*	Corporation, LLC, etc. (multiple choices are provided
	State of Incorporation	State where your incorporation documents were filed.
	Gross Revenues for the past three years as recorded on your tax return.*	Enter whole numbers only. Only enter amounts for the years that your company was in business. Example: If you company began in 2008, you would only enter 2008 and 2009. If you had no revenue for 2008, you would enter a 1. If this is the first year your company was in business, this question would not apply.
	Industry*	A drop down list of various industry classifications is provided. .
	Business Acquisition*	Drop list to choose from. Started, Bought, etc.
	Year Established*	First year the business was in operations.
	Year Company was acquired by current owner.	If the current owner started the business, do not answer this question.
	Including the owner, how many W-2 employees does your company have?*	These are full and part-time W-2 employees only.
	Of the employee amount listed above, how many are female?*	Self-explanatory
	Is this a small business?*	Is your company 8A or SBE certified? Answer yes or no.

General Continued	Ethnicity*	Ethnicity of the majority female owner. Multiple choice list is provided.
	Headquarters Address*	Physical location of the office where core business is conducted
	Mailing Address*	Mailing address for headquarters. If same may select the box for same as headquarters.
	Owner Contact*	Name of female owner with the highest percentage of ownership. If equal female ownership, list female holding the highest office. Name, title, email, phone and fax.
	Company Contact*	If possible, please list someone other than the owner contact who should also receive communications regarding certification as both the owner and company contact receive communications. Name, title, email, phone and fax.
	Additional question for contact only: Would you like to receive emails from other WBEs?*	This is an opt out feature that only affects a WBE level search result. It has no effect on a WBENC, RPO or Corporate Member search results. Note: WBEs are encouraged to do strategic searches in WBECLink for the of purpose partnering with other WBEs on an RFP opportunity and for the purpose of extending bid opportunities to WBEs. For these reasons WBENC recommends that you answer Yes to this question. If later, you want to change your answer to No, you may do so.
Capabilities Tab	NAICS Code/s*	List only codes that are specific to the product or service your company provides. . If necessary, list only the overall industry code. Refer to North American Industry Classification System on Internet to determine best codes for your company. http://www.census.gov/eos/www/naics/ (Note: in very rare cases, a company may have more than 35 codes; however, only 35 will appear on the certificate.)
	UNSPSC Code/s*	Refer to United Nations Standard Product Service Code on internet. http://www.unspsc.org/ (Note: in very rare cases, a company may have more than 35 codes; however, only 35 will appear on the certificate.)
	Specific Product/Service Description*	You may enter a total of 500 keystrokes. It is recommended that you use only key words separated by a semi colon. Please type the description in a Word Document so that you may do a spell check and character count. Once done, you can cut and paste into the online application.
	Geographical Service Area*	Multiple choice. Local, Regional, National, or Global
References Tab	Three sections for References*	Must enter at least one customer or vendor

References Continued		A contact and their information will be required for each reference. (Name, email, phone)
	Credit/Bank Reference*	Company Credit Card, Line of Credit, Checking, etc. Click "Add New" to add each entry. Each credit reference will require a contact, address and phone. If there is no personal contact, enter n/a as the name, enter the main telephone number for the company and leave the email address blank.
Real Estate Tab	Do you maintain a staffed, full-time office?*	Yes/No choice selection
	Is your main facility an office or in the home?*	Yes/No choice selection
	List of Facilities*	The first entry should be the physical location of where the core business is conducted. Type would be Principal Place of Business. Click "Add New" to add each office, warehouse, etc.
Equipment/Vehicles Tab	List of critical equipment used to conduct your business.	This question does not pertain to office equipment, but rather specific equipment used to perform the service or create the product critical to your business.. Note: If your equipment inventory or vehicle inventory is more than four items, you may skip this question and submit an inventory list as an additional document. Please note on the list, the type of equipment and whether it is owned or leased.
	Vehicle(s) Owned by the Company	Description, Leased/Owned and VIN number(s)
Management Section 1	List all owners, board of directors, officers, trusts and companies that hold any ownership interest in this company.*	Name, Title, US Citizenship or Alien Resident Expiration Date, exact % of ownership, and gender. This section must equal 100% or the page will not save. If there are 3 owners and they share equally, you will need to list one owner as 33.34%
Management Section 2	Do any of the people listed in section one work for or own another company? Is so, please list name and appropriate information.	Company name, % of ownership, title, company's relationship to the company applying for certification. Affiliate (Minority interest or product/service relationship) Subsidiary (Majority interest) or Other

	Does the applicant business or any person listed in section one of the management section plan to enter into any type of agreement with any person or entity that relates to or affects the ongoing administration, management or operation of the applicant?*	Yes/No choice selection.
Additional Information	Is the applicant involved in any present or pending law suit?*	Yes/No choice selection. If yes, details are required.
	Is the applicant business involved in bankruptcy or insolvency proceedings?*	Yes/No choice selection. If yes, details are required.
	Other Certifications your company holds.*	Drop down list to choose from.
	Are you affiliated with any of WEConnect Organizations?*	Yes/No choice selection. If yes, you will select from the following organizations: WEConnect Europe; WEConnect Canada; WEConnect China; WEConnect India
	Are the majority of the female owners US Citizens or Legal Resident Aliens?*	Multiple Choice Selection
	Are you conducting business with countries outside of the US?*	Yes/No choice Selection. If yes, you will list the countries in the box separated by semi colon. (Note: This question refers to doing business with a company located in another company)
	Does your company have its' own Supplier Diversity Program in place?*	Yes/No choice selection.
	Have you ever been denied certification by anyone?*	Yes/No choice selection. If yes, you will need to supply agency, date and reason for denial.