

2008 WBENC Application Note:

The online application is NOT compatible with MAC Computers.

Items in red are required!



Creating Opportunities...Recognizing Excellence

If you have not read the criteria and process for certification, please go to www.wbenc.org "Get Certified". When ready, click the link for instructions/application to begin the online application found on the certification page of this section. Make sure to write down the email address you used and the password you created, as you will need them to enter wbenclink.org again.

General Company Information

Legal Business Name _____

Former Company Name _____

Doing Business As _____

Where did you hear about us?

_____	There is a drop box with possible answers.
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Other (if none of the above, please specify) _____

Website Address _____

Federal Tax ID _____

Legal Structure

Corporation	LLC	LLP	Partnership	Individual Proprietor	Unknown
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State of Incorporation _____ Drop box provided

Gross Annual Sales for the last three years

2007 _____
2006 _____
2005 _____

Whole numbers only. If zero, please enter a 1 in the system. If entered, corporations will be able to see these numbers.

Industry _____

Drop box provided

Business Acquisition _____

Drop box supplied i.e. Bought, Started

Year Established _____

Year company was acquired by current owner _____

Number of Employees _____

Is this a small business?

Yes	No	This is asking if you are certified by the SBA.						
African American	Asian Pacific	Native American	Asian	Hispanic	Non-minority	Asian Indian	Multi Ethnic	Other

Ethnicity

Headquarters/Principal Place of Business

Address 1 _____

Address 2 _____

Address 3 _____

City _____

State _____

County _____

Postal Code _____

Phone _____

Fax _____

References

At least one is required, but may list up to three.

Company Name	_____
Product/Service Provided	_____
Contact Name	_____
Phone Number	_____
Email	_____
Company Name	_____
Product/Service Provided	_____
Contact Name	_____
Phone Number	_____
Email	_____
Company Name	_____
Product/Service Provided	_____
Contact Name	_____
Phone Number	_____
Email	_____

Business & Credit Reference

At least one entry is required.

Institution Name	_____
Address	_____
City	_____
State	_____
Zip	_____
Type of Account	_____
Credit Line	_____
Contact Name	_____
Contact Email	_____
Phone	_____

The system requires you to account for current loans as well as the past three years.

Loan Date	_____
Loan Amount	_____

Real Estate

Do you maintain a staff, full-time office
 Is your main facility an office in your home?

Yes	No
Yes	No

List of facilities **At least one is required.**

Drop box for this. Note: if you operate from your home, select principal business as type.

Facility Type _____

Address _____

City _____

State _____

Zip _____

Square Feet _____

Ownership

Lease	Own	Lease-Back
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Rental Amount _____

Is this space shared?

Yes	No
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If yes, with whom? _____

Equipment & Vehicles

Not Required and may list more than one.

Equipment

Ownership

Owned	Leased	Lease-Back
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Vehicle
 Ownership
 VIN number

Management

At least one is required, but you must list all managers.

Name _____

Title _____

Authority	Shareholder	Director	Office	Select each that applies
Gender	M	F		

% of Ownership _____ Whole number only.

Share Voting	Yes	No
Daily Mgmt	Yes	No
Us. Citizen	Yes	No

Resident Expiration _____ Required if not US Citizen

If any of the managers listed above work or have an interest in another company, you must list them here.

Management in Outside Firms

Name _____
 Other Firm Name _____
 Title _____
 % of Ownership _____
 Product/Service _____
 Business Relationship _____

Management Authority

Each person in management must be listed.
Guide: 1 = Supervision of Day-to-Day Operations.
 2 = Hiring/Firing Authority of Management Personnel.
 3 = Signing Authority for Checks.
 4 = Signing and Co-signing for loans and/or Lines of Credit.
 5 = Approving Major Purchases or Acquisitions.
 6 = Estimating Responsibility.
 7 = Contract Signing Authority.
 8 = Marketing and Sales Operations.
 9 = Supervision of Fields/Productions

Name _____
 Title _____
 Gender

M	F
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 Authority

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Name _____
 Title _____
 Gender

M	F
---	---

 Authority

1	2	3	4	5	6	7	8	9
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Name _____
 Title _____
 Gender

M	F
---	---

 Authority

1	2	3	4	5	6	7	8	9
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Management Contribution

For each current owner, list the asset they invested and the source

Name _____
 Asset Contributed _____
 Dollar Value _____
 Source _____

Business Relationship

Does this applicant's business have any subsidiaries / affiliates or is the applicant a subsidiary, affiliate or franchise?

Note: Section Confidential

Yes	No
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If yes, provide details for the subsidiary/affiliate.

Business Name _____
 Address _____
 City _____
 State _____
 Zip _____
 Business Relationship _____

Management Change

Does the applicant business or any person listed in the management section have or intend to enter into any type of agreement with any person or entity which relates to or affects the on-going administration, management or operations of the applicant? (such agreements include but are not limited to management and joint venture agreements and any agreement or contract involving the position of compensated services such as administrative services, marketing, production and other types of services.) If yes, attach a copy of any written agreement or an explanation of any oral or implied agreement in the material you send to your assigned partner

Yes	No
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Additional Information

Is the applicant involved in any present or impending lawsuit?

Yes	No
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If yes, provide details.

Is the applicant business involved in bankruptcy or insolvency proceeding?

Yes	No
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If yes, provide details.

Criteria for Certification 51% Owned, Operated and Controlled by a woman/women

Certification Process Online Application--you have 90 days to submit the online application
Required Documentation--You have 90 days to submit your required documents and your fee, which ranges from \$250 to \$500 to your assigned program manager
Once received by your Partner Organization, it will be checked to ensure it is
During the next 60 to 90 days, it will be reviewed by the certification committee, a site visit will be made with the owner/s and it will then go back to committee for final determination.

Please note: Once you have mailed your documentation to your assigned Partner Organization, they, and not WBENC Support, will be the contact for any questions you have regarding your application or current status.

The End