

**Alabama
Office of Minority Business Enterprise (OMBE)**

Affidavit for Recertification



Submit Application to:

Office of Minority Business Enterprise (OMBE)
Attention: Mr. Scott Stewart
Alabama Department of Economic & Community Affairs (ADECA)
P. O. Box 5690
Montgomery, AL 36103-5690

ALABAMA
OFFICE OF MINORITY BUSINESS ENTERPRISE (OMBE)
Online Recertification Affidavit

The Office of Minority Business Enterprise (OMBE) provides a streamlined recertification process to minority and women-owned businesses interested in continuing their certification status via a recertification affidavit. Recertification is required two years following initial OMBE certification; and again two years after that. Following expiration of the second consecutive 2-year recertification award period, recertification will no longer be an option. After that time, a complete certification application package will be required and the 2-year recertification intervals will resume.

Original signatures are required; therefore, faxed affidavits will not be accepted.

This form is for recertification purposes **only**. Otherwise, please follow instructions on the OMBE Homepage (www.adeca.alabama.gov/ombe) for completing an original certification application or call 1-800-447-4191. You are not required to become certified through the OMBE in order to do business with the State of Alabama as a registered vendor. (However, it is recommended that you apply for registered vendor status with the [Alabama Department of Finance – Division of Purchasing](#).) Include your vendor registration profile with your recertification affidavit **only** if acquired after initial certification.

Remember to sign and notarize the application and attach your business and professional licenses before mailing to:

Office of Minority Business Enterprise (OMBE)
Attention: Mr. Scott Stewart
Alabama Department of Economic & Community Affairs (ADECA)
P. O. Box 5690
Montgomery, AL 36103-5690

You will need the following information to complete this form or as an attachment:

- Company FEID/Tax ID number
- Gross revenue last fiscal year
- Gross revenue from State contracts
- Net worth of company
- Number of employees
- Number of female employees
- Number of minority employees
- Owner/co-owner names and detailed responsibilities
- Copy of professional and/or state licenses, permits, or certificates required to operate your business

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Section 1: Company & Contact Information

Company Name: _____

DBA Name: _____

FEID: _____

Address 1: _____

Address 2: _____

City, State, Zip _____

Contact Name: _____

Contact Phone/Fax: _____

Email Address: _____

Organization Type: Corporation Partnership Sole Proprietorship
 Other

No. of Full-time
Employees: _____

No. of Female Employees: _____

No. of Minority Employees: _____

Company's Net Worth: \$ _____

Gross Revenue Last Fiscal Year: \$ _____

Gross Revenue State Contracts: \$ _____

**ALABAMA
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AFFIDAVIT FOR RECERTIFICATION**

*****ATTENTION*****

ALL BLANKS MUST BE COMPLETED IN ORDER FOR THE APPLICATION TO BE PROCESSED

DO NOT FAX THIS AFFIDAVIT; IT MUST BE MAILED TO THE OMBE

State of Alabama

Certifying Entity: Office of Minority Business Enterprise

Date: _____

Name of Business: _____

Street Address: _____

check if new (Street & #) (City) (State/Zip)

FEIN of Business: _____

Mailing Address: _____

check if new (Street & #) (City) (State/Zip)

Business Phone No.: _____ Fax No. _____

check if new check if new

Contact Person: _____

E-Mail Address: _____

check if new

Web Page Address: _____

check if new

MINORITY GROUP STATUS: Specify the minority group and percentage of ownership of the person(s) who owns and controls 51% or more of the business.

AFRICAN AMERICAN MALE _____%

ASIAN AMERICAN MALE _____%

AFRICAN AMERICAN FEMALE _____%

ASIAN AMERICAN FEMALE _____%

NATIVE AMERICAN MALE _____%

HISPANIC AMERICAN MALE _____%

NATIVE AMERICAN FEMALE _____%

HISPANIC AMERICAN FEMALE _____%

NON-MINORITY FEMALE _____%

TYPE OF OWNERSHIP: (Check One)

____ Corporation ____ Partnership ____ Sole Proprietorship _____ Other

List current owners' names and percentage of ownership:

List names of officers and managers who participate in day-to-day management of the business. Use the space below and/or attachments to provide details of their duties and responsibilities.

Names/Titles	Duties/Responsibilities
_____	_____
_____	_____
_____	_____
_____	_____

Name of highest ranking business owner: _____
 Title/position: _____

Name of highest paid business owner: _____
 Title/position: _____

Name of person responsible for employee hiring and firing: _____
 Title/position: _____

NATURE OF BUSINESS: List primary products or services offered. _____

Has the nature of your business changed since your certification or previous recertification?
 ___ Yes ___ No If yes, please specify major products/services changes:

Licenses Required: List and attach a copy of any *professional licenses* (i.e., general contractor, professional engineer, etc.) and *business licenses* (state, city, county) or permits required to operate the business.

Licensee's Name	Issued By	License No.	Expiration Date	Minority Status	% of Ownership

AFFIDAVIT FOR RECERTIFICATION

Read the following paragraphs carefully! Your signature on this application indicates acceptance and understanding of the conditions.

- A. **OMISSION** of information may be cause for this application not receiving timely and complete consideration.
- B. **APPLICANT AGREES** to allow the ADECA/OMBE representatives access to the business concern and the right to a site visit of the applicant's place of business.
- C. **THE ADECA/OMBE RESERVES THE RIGHT** to request further information from the applicant prior to recertification.
- D. **THE APPLICANT AGREES** to immediately notify the ADECA/OMBE of all facts that would result in a failure to satisfy the requirements contained in the guidelines.
- E. **RECERTIFICATION** may be terminated at any time by ADECA/OMBE in accordance with guidelines established by the ADECA/OMBE and in its best interests.
- F. **ALL INFORMATION** in this application is true and accurate and is submitted for consideration of recertification and affiliate membership.
- G. **FRAUD** - If the ADECA/OMBE discovers that a statement has been made herein which the applicant knows to be false, the recertification process will be terminated immediately.
- H. **ALL MATERIALS** submitted with this package shall become the property of the ADECA/OMBE.
- I. **DE-CERTIFICATION IS AUTOMATIC** if a recertified M/WBE has a change in ownership, control or management and does not inform ADECA/OMBE within 30 days of said change.
- J. **IF THE APPLICANT** is awarded recertification, the applicant agrees to abide by all rules governing their status as may be determined by the ADECA/OMBE.

The undersigned hereby swears under penalty of law that all statements made in this application are true. The undersigned agrees to hold the ADECA/OMBE harmless for any claim arising out of this application and agrees to indemnify the ADECA/OMBE for any liability in connection with the recertification of the applicant.

Business Name

Signature of Proprietor, Partner, or President of business:

Signature

Date

Print Name

Notary Signature

Date

Print Name