

ALABAMA
Office of Minority Business Enterprise

Affidavit for Recertification



Submit Application to:
Office of Minority Business Enterprise
Alabama Department of Economic & Community Affairs
401 Adams Avenue/P.O. Box 5690
Montgomery, AL 36103-5690

**ALABAMA
OFFICE OF MINORITY BUSINESS ENTERPRISE
Online Recertification Affidavit**

The Office of Minority Business Enterprise (OMBE) offers on-line recertification to minority and women-owned businesses interested in continuing their certification status via a recertification affidavit. A business owner must complete the initial certification process in order to be eligible to apply for recertification. Recertification is required two years following initial OMBE certification; and again two years thereafter. After receiving two consecutive recertification awards, an applicant business must complete and submit a new certification application package as if applying for the first time.

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

This form is for recertification purposes **only**. If you wish to become certified as a minority or woman-owned business, please follow the instructions in completing the Certification Application on the OMBE homepage (www.adeca.alabama.gov/c15/ombe/default.aspx) or call 1-800-447-4191. You are not required to become certified with the OMBE in order to do business with the State of Alabama as a vendor. However, it is recommended that you complete a Vendor Registration Application with the Alabama Department of Finance – Division of Purchasing. Include a copy of the Vendor Registration Application with your OMBE recertification application. A link to the Alabama Department of Finance – Division of Purchasing can be found on the OMBE Website.

This OMBE recertification application must be signed and notarized before mailing to the following address:

Office of Minority Business Enterprise
Alabama Department of Economic & Community Affairs
P. O. Box 5690
Montgomery, AL 36103-5690

You will need the following information to complete this form:

- 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 license and permits or any certificates required for your business operations

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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: \$ _____

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* and/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 in the best interests of the ADECA/OMBE.
- 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(s), or President of business:

_____ Signature	_____ Date	_____ Print Name
_____ Signature	_____ Date	_____ Print Name
_____ Notary Signature	_____ Date	_____ Print Name