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
## Section 1: Company & Contact Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td>________________________</td>
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<tr>
<td>DBA Name</td>
<td>________________________</td>
</tr>
<tr>
<td>FEID</td>
<td>________________________</td>
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<tr>
<td>Address 1</td>
<td>________________________</td>
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<tr>
<td>Address 2</td>
<td>________________________</td>
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<tr>
<td>City, State, Zip</td>
<td>________________________</td>
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<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Contact Name</td>
<td>________________________</td>
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<tr>
<td>Contact Phone/Fax</td>
<td>________________________</td>
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<tr>
<td>Email Address</td>
<td>________________________</td>
</tr>
<tr>
<td>Organization Type</td>
<td>_____Corporation _____Partnership _____Sole Proprietorship _______Other</td>
</tr>
<tr>
<td>No. of Full-time</td>
<td>________________________</td>
</tr>
<tr>
<td>Employees</td>
<td>________________________</td>
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<tr>
<td>No. of Female Employees</td>
<td>________________________</td>
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<tr>
<td>No. of Minority Employees</td>
<td>________________________</td>
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<tr>
<td>Company’s Net Worth</td>
<td>$ ________________________</td>
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<tr>
<td>Gross Revenue Last Fiscal Year</td>
<td>$ ________________________</td>
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<tr>
<td>Gross Revenue State Contracts</td>
<td>$ ________________________</td>
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ALABAMA
OFFICE OF MINORITY BUSINESS ENTERPRISE (OMBE)
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.

<table>
<thead>
<tr>
<th>Names/Titles</th>
<th>Duties/Responsibilities</th>
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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.

<table>
<thead>
<tr>
<th>Licensee's Name</th>
<th>Issued By</th>
<th>License No.</th>
<th>Expiration Date</th>
<th>Minority Status</th>
<th>% of Ownership</th>
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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