

**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](http://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

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

**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  
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.

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