



MINORITY BUSINESS ENTERPRISE OFFICE

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MINORITY BUSINESS ENTERPRISE REGISTRATION

MINORITY BUSINESS ENTERPRISE MEANS A BUSINESS AT LEAST FIFTY-ONE PERCENT OF WHICH IS OWNED AND CONTROLLED OR FIFTY-ONE PERCENT MINORITY-OWNED AND OPERATED BY MINORITY GROUP MEMBERS OR, IN CASE OF A STOCK CORPORATION, AT LEAST FIFTY-ONE PERCENT OF THE STOCK IS OWNED AND CONTROLLED BY MINORITY GROUP MEMBERS. MINORITY GROUP MEMBERS ARE CITIZENS OF THE U.S. WHO ARE AFRICAN AMERICAN, HISPANIC AMERICAN, ASIAN AMERICAN AND AMERICAN INDIAN.

CONTACT PERSON		COMPANY NAME	
TITLE	PHONE	FAX	MAILING ADDRESS
PHONE	FAX	FED ID/SSN NO.	CITY ST ZIP
EMAIL	WEBSITE		

PRINCIPAL OWNER(S)	NAME (USE REVERSE IF NEEDED)	GENDER	RACE / ETHNICITY					
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> BLACK/AFRICAN AMERICAN	<input type="checkbox"/> HISPANIC AMERICAN	<input type="checkbox"/> ASIAN AMERICAN	<input type="checkbox"/> AMERICAN INDIAN	<input type="checkbox"/> WHITE AMERICAN	<input type="checkbox"/> OTHER (SPECIFY)
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> BLACK/AFRICAN AMERICAN	<input type="checkbox"/> HISPANIC AMERICAN	<input type="checkbox"/> ASIAN AMERICAN	<input type="checkbox"/> AMERICAN INDIAN	<input type="checkbox"/> WHITE AMERICAN	<input type="checkbox"/> OTHER (SPECIFY)
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> BLACK/AFRICAN AMERICAN	<input type="checkbox"/> HISPANIC AMERICAN	<input type="checkbox"/> ASIAN AMERICAN	<input type="checkbox"/> AMERICAN INDIAN	<input type="checkbox"/> WHITE AMERICAN	<input type="checkbox"/> OTHER (SPECIFY)

FIRM TYPE : SOLE PROPRIETORSHIP | PARTNERSHIP | CORPORATION IF CORP., STATE OF INC. ➡ OTHER (SPECIFY)

BUSINESS TYPE : BROKER | MANUFACTURER | SERVICE ESTABLISHMENT | PROFESSIONAL SERVICES (DESCRIBE BELOW) | OTHER (SPECIFY)
 CONSTRUCTION | RESEARCH & DEVELOPMENT | REGULAR DEALER | NON-PROFESSIONAL SERVICES (DESCRIBE BELOW)

DESCRIPTION OF SERVICES

HAS YOUR COMPANY PREVIOUSLY BEEN DEBARRED FROM DOING BUSINESS WITH ANY GOVERNMENT ENTITY? IF YES, EXPLAIN.

YEARS IN BUSINESS TOTAL	UNDER CURRENT OWNERSHIP	BUSINESS LICENSE JURISDICTION <input type="checkbox"/> N/A	POSSESS ALL STATE/CITY LICENSES TO LEGALLY CONDUCT BUSINESS IN VA <input type="checkbox"/> YES <input type="checkbox"/> NO	WORK FORCE SIZE ➡	PERMANENT	NON-PERMANENT
CONTRACTOR'S LICENSE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> N/A		CURRENTLY INSURED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TO WHAT AMOUNT \$	CURRENTLY BONDED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TO WHAT AMOUNT \$	

TYPE OF CERTIFICATION (EXAMPLE: MBE, DBE, WBE, ETC.)	IF NOT LISTED WITH A CERTIFYING AGENCY, PLEASE PROVIDE THE FOLLOWING INFORMATION: 1. COPY OF THE BUSINESS LICENSE. 2. RESUMES OF ALL THE OWNERS AND ESSENTIAL EMPLOYEES. 3. COPIES OF THE PROFESSIONAL LICENSES OF THE OWNER. 4. OVERVIEW OF PAST WORK PROJECTS, IF APPLICABLE.
CERTIFICATION SOURCE (EXAMPLE: VA DEPT. OF TRANSPORTATION, VA DEPT. OF MINORITY BUSINESS ENTERPRISE, US SMALL BUSINESS ADMINISTRATION)	

COMMODITY CLASSES LIST THOSE APPLICABLE. REFER TO LIST ON WEBSITE. (USE REVERSE IF NEEDED)						
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YOUR SIGNATURE INDICATES THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF YOUR KNOWLEDGE.

SIGNATURE	TITLE	DATE
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