



RECERTIFICATION APPLICATION

State Form 46790 (R8 / 1-23)

**DEPARTMENT OF ADMINISTRATION
DIVISION OF SUPPLIER DIVERSITY**
 402 W. Washington St. Rm. W462
 Indianapolis, IN 46204-2744
 Telephone: (317) 232-3061
 Website: <http://www.in.gov/idoa/mwbe>

- INSTRUCTIONS:**
1. Complete and sign this form.
 2. The **affidavit** should be notarized.
 3. **Indiana firms** must return both documents to the address noted at the upper right hand corner of this form.
 4. **Out of state firms** must return the nine (9) documents to the address noted at the upper right hand corner of this form.

SECTION A: BASIC INFORMATION				
Name of certified firm			Bidder Registration number	
Address (number and street)		City, State, and ZIP code		County (Indiana only)
Name of contact person			Title of contact person	
Business telephone number ()	Business fax number ()	Business e-mail address		Business website address

SECTION B: OWNER'S INFORMATION (If additional space is required, submit an attached sheet.)				
Designation of current ownership <input type="checkbox"/> Minority-owned <input type="checkbox"/> Woman-owned <input type="checkbox"/> Indiana Veteran Owned Small Business (IVOSB)				
Name of owner			Home telephone number ()	
Home address (number and street, city, state, and ZIP code)				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Number of years owned	Percentage owned %	U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnic group ownership (check all that apply to your business) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> Native American <input type="checkbox"/> Other				
Designation of current ownership <input type="checkbox"/> Minority-owned <input type="checkbox"/> Woman-owned <input type="checkbox"/> Indiana Veteran Owned Small Business (IVOSB)				
Name of owner			Home telephone number ()	
Home address (number and street, city, state, and ZIP code)				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Number of years owned	Percentage owned %	U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnic group ownership (check all that apply to your business) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> Native American <input type="checkbox"/> Other				

SECTION C: BUSINESS INFORMATION				
Type of business <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other				
Product or service				
UNSPSC codes		Number of full-time employees	Number of part-time employees	

List company officers. (If additional space is required, submit an attached sheet.)

Name of Officer	Title	Ethnic Group	Gender	Date Appointed (month, day, year)

List board of directors. (If additional space is required, submit an attached sheet.)

Name of Director	Title	Ethnic Group	Gender	Date Appointed (month, day, year)

AFFIDAVIT OF CONTINUED ELIGIBILITY

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SECTION A: BASIC INFORMATION <i>(If additional space is required, submit an attached sheet.)</i>		
Name(s) of qualifying member(s)		
Address <i>(number and street, city, state, and ZIP code)</i>		
Name of certified firm		
Business telephone number ()	Business e-mail address	Business website address

SECTION B: AFFIDAVIT <i>(required by 25 IAC 5-3-8(c))</i>		
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I affirm, by my signature, that the following statements correctly address issues regarding changes in the circumstances of the certified firm indicated above.
(Please check the appropriate box below.)

- There have been **no** changes to the enterprise's qualifying members, ownership, control requirements, or any other material change to the information provided in its application form, except for changes about which the enterprise has previously notified the department.

- There have been changes to the enterprise's qualifying members, ownership, control requirements, or any other material change to the information provided in its application form. The following changes have taken place: *(Please send in supporting documents for any changes.)*

I affirm, under the penalties of perjury, that all documents previously submitted to the Indiana Department of Administration (hereinafter referred to as "the Department") in support of previous applications for certification as a Minority-owned and/or Woman-owned Business Enterprise (M/WBE) are true and accurate to the best of my knowledge.

Further, I realize that the Department is relying on the accuracy of this information in making decisions regarding my certification, and that in the event that documents or other information supplied to the Department are found to be false, inaccurate or untrue, this shall be grounds for my removal from the program pursuant to 25 IAC 5 and the application of other civil and criminal penalties under federal and state law, including fines and imprisonment.

Signature	Date <i>(month, day, year)</i>
Printed name	Title

State of _____ } S.S. County of _____ }	
Subscribed and sworn to, before me, this _____ day of _____, 20 _____.	
Signature of notary public	County of residence
Printed name	Date commission expires <i>(month, day, year)</i>

RECERTIFICATION DOCUMENTATION CHECKLIST

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NOTE: Please verify that all required documents listed below are included with your application.

Name of company

INDIANA FIRMS

- Completed, signed, and notarized application (www.in.gov/idoa/2491.htm)
- Completed Affidavit of Continued Eligibility (www.in.gov/idoa/files/ACE_Form.pdf)
- Personal taxes from the previous year
- Federal corporate tax returns from the previous year (Include all schedules.)
- Previous years corporate minutes
- Three (3) completed or active contracts

ALL OUT OF STATE RECERTIFICATION APPLICATIONS

The Out of State process is only applicable for Minority-owned / Woman-owned Business Enterprise firms.

- Completed, signed, and notarized application (www.in.gov/idoa/2491.htm)
- Completed Affidavit of Continued Eligibility (www.in.gov/idoa/files/ACE_Form.pdf)
- Personal taxes from the previous year
- Federal corporate tax returns from the previous year (Include all schedules.)
- Previous years corporate minutes
- Three (3) completed or active contracts
- Current home state Certification Letter or Certificate
- Current Certificate of Authority to Conduct Business in the State of Indiana
- Current home state Certificate of Good Standing / Existence

Please note: Failure to provide **all** of the above requested documentation or additional information within the designated time frame as requested may result in denial for your request for certification.