

**BRUCE A. BLAKEMAN**  
NASSAU COUNTY EXECUTIVE



**LIONEL CHITTY**  
EXECUTIVE DIRECTOR

**NASSAU COUNTY OFFICE OF MINORITY AFFAIRS**

One West Street, Suite 136  
Mineola, New York 11501  
TEL. (516)-572-2240

**Minority and Woman-Owned Business Enterprise  
Certification Short Form Application**

Instructions

**YOU MUST BE REGISTERED IN THE VENDOR PORTAL BEFORE PROCEEDING – Failure to register in the vendor portal may result in a DENIAL of your application!!! {Please click on this link to register your business; <https://apex5.nassaucountyny.gov/ords/f?p=CEVM:VREG>}**

Please sign, complete and return this form, along with a copy of your most recent Federal and State Tax Forms and proof of certification – a copy of the completed application submitted to the certifying agency and a certificate and/or letter validating minority and/or woman status – to the Office of Minority Affairs (OMA). Businesses may fill out this short form if they are currently certified by the following agencies:

**Empire State Development (NYS)  
Port Authority of New York and New Jersey  
Metropolitan Transportation Authority  
New York City Department of Small Business Services  
New York City School Construction Authority**

OMA will approve or deny certification to your firm based on the information you provide. The Nassau County Minority and Women-Owned Business Enterprise Program (M/WBE Program) will enhance your business opportunities, as well as, create additional exposure for your business to Nassau County government agencies, regional agencies, authorities, construction developers, prime contractors, and other public and private organizations.

**Nassau County  
One West Street, Suite 136  
Mineola, New York 11501  
516-572-2240 office**

Please mail the completed form to:

Email: [mwbeinformation@NassauCountyny.gov](mailto:mwbeinformation@NassauCountyny.gov)

**Minority/ Woman-Owned Business Enterprise  
Certification Short Form**

**Company Profile:**

Please fill in the following information about your company.

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Business Title \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone/Fax      Business# \_\_\_\_\_ Fax# \_\_\_\_\_

Email Address \_\_\_\_\_

Bonding Limit (If Applicable)	Agent/Broker:	Single Job \$	Aggregate\$
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License Type: (If Applicable)	_____	Issued By:	_____
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Trade Type:	_____	License#:	_____
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Please provide FEIN/SSN/DUNS numbers \_\_\_\_\_

**Minority/ Woman-Owned Business Enterprise  
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**Comparable Jurisdictions:**

- **The Port Authority of New York and New Jersey,**
- **New York Empire State Development (ESD)**
- **Metropolitan Transportation Authority,**
- **New York City Department of Small Business Services,**
- **New York City School Construction Authority**

Does one or more of these comparable jurisdictions currently certify you?      Yes      No  
If yes, please list: \_\_\_\_\_

If you are not currently certified by one or more of these comparable jurisdictions, by what certifying agency(ies) are you certified? \_\_\_\_\_

What type of certification are you applying for? (e.g. MBE, WBE, both)  
Please list certification type: \_\_\_\_\_

If certified by a Nassau County comparable jurisdiction, what is your Certification expiration date? \_\_\_\_\_

Is your business unionized?      Yes      No  
If yes, please list: \_\_\_\_\_

Have you ever had a government contract?      Yes      No  
If yes, please list: \_\_\_\_\_

\*\*If one or more of these comparable jurisdictions currently certifies your firm, please submit a **certification letter of proof** or **certification number** from the respective certifying agency(ies). Please submit any supporting documentation along with this application.

## **Minority/ Woman-Owned Business Enterprise Certification Short Form**

### **Conditions of Certification Short Form Application:**

Your signature on this application indicates your acceptance and understanding of the conditions to qualify as a certified M/WBE firm with the County of Nassau:

- Omission of information may be cause for this application not receiving timely and complete consideration.
- Applicant agrees to allow Nassau County's M/WBE Analyst/Coordinator the right to inspect the applicant's place of business.
- The Nassau County reserves the right to request further information from applicant prior to certification.
- The applicant has received and reviewed the M/WBE criteria established by OMA.
- Any information submitted which is determined to be false shall be grounds for denial of certification and if certification has been granted shall be grounds for decertification.
- The applicant agrees to notify the M/WBE Program Director of any change in ownership, management control or business status.
- All information and documents submitted with this application shall become the property of the Nassau County.
- ***Please be advised that all vendors/suppliers must register with Nassau County at [www.nassaucountyny.gov](http://www.nassaucountyny.gov) prior to completing this application.***
- ***Please be advised that after certification, you will be able to review your certification status online at [www.nassaucountyny.gov](http://www.nassaucountyny.gov)***



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**AFFIDAVIT**

The undersigned certifies that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of \_\_\_\_\_

As well as the ownership thereof. Any material misrepresented will be grounds for terminating any contract, which may be awarded, and for initiating action under federal or state laws concerning false statements.

Signature \_\_\_\_\_

(Signature affirms said business is a minority or women owned business enterprise and that all information is true and accurate.)

Name of Firm: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

CORPORATE SEAL (Where Appropriate)

**THIS APPLICATION MUST BE NOTARIZED BY ALL BUSINESSES SEEKING CERTIFICATION.**

State of \_\_\_\_\_ County of \_\_\_\_\_ On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_ who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by \_\_\_\_\_ to execute the affidavit and did so as his or her free act and deed.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**\*\* Please include a copy of your letter of certification (letter and/or certificate with this application)\*\***