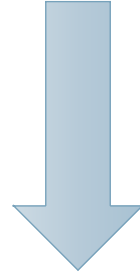


E-CERTIFICATION NAVIGATION FOR RECERTIFICATION MBE/WBE/IVOSB APPLICATION

Division of Supplier Diversity



BEFORE YOU BEGIN THE RECERTIFICATION APPLICATION



- Check when your certification expired. Your MBE/WBE/IVOSB certification expiration date is given in your certification letter.
- If your certification has been expired for more than 12 months, you will need to submit a new certification application.
- Exit this tutorial and use the e-certification tutorial to submit a new application.



Sign In



Welcome to the Supplier Portal



Thank you for your interest in doing business with us!

Register Bidders



Bidding Opportunities



08 Opportunities

Events Calendar



0 Calendar Events

Announcements



0 Announcements

FAQs | Contact Us



Get helpful info here.

Public Contracts Search



Buy Indiana Search



Certified M/W/I/VOSB Search



Report An Issue



Sign In



Welcome to the Supplier Portal



Thank you for your interest in doing business with us!

Register Bidders



Bidding Opportunities



0 Opportunities

Event

Sign In



User ID

Password

Enable Screen Reader Mode

Sign In

[Forgot Password?](#)

FAQs | Contact Us



Get helpful info here.

Public Contracts Search



Buy

ch

Report An Issue



Bidding Opportunities



0 Events

Documents Waiting Signatures



0 Documents

Manage Profile




Update your Registration and Profile

Supplier Diversity Application



Pay Audit



Division of Supplier Diversity
Re-Certification Application

[Application FAQs](#)

Save

Next

Reset

Check For Errors

Bidder Registration Number

Federal Identification Number

RE-CERTIFICATION

The program(s) below will be expiring soon. Please complete this re-certification application as soon as possible.

Minority-owned Business Enterprise (MBE)

Women-owned Business Enterprise (WBE)

[Before You Begin \(Checklist\)](#)

[About Applying for Certification](#)

[M/WBE Legal Requirements](#)

[IVOSB Legal Requirements](#)

Company Name and Address

Authorized Name of Firm

Company DBA Name

Street Address of Firm (No PO Box Numbers)

1400 Canal Road

City

County

State

Zip Code

General Information

- Ownership
- Management
- Financial Information
- UNSPSC
- Application Signature
- Attach Supplemental Documents
- Application Review

Division of Supplier Diversity
Re-Certification Application

[Application FAQs](#)

Bidder Registration Number

Federal Identification Number

RE-CERTIFICATION

The program(s) below will be expiring soon. Please complete this re-certification application as soon as possible.

- Minority-owned Business Enterprise (MBE)
- Women-owned Business Enterprise (WBE)

- [Before You Begin \(Checklist\)](#)
- [About Applying for Certification](#)
- [M/WBE Legal Requirements](#)
- [IVOSB Legal Requirements](#)



Company Name and Address

Authorized Name of Firm

Company DBA Name

Street Address of Firm (No PO Box Numbers)

City County State Zip Code

Division of Supplier Diversity
Re-Certification Application

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Check For Errors

Bidder Registration Number

Federal Identification Number

RE-CERTIFICATION

The program(s) below will be expiring soon. Please complete this re-certification application as soon as possible.

Minority-owned Business Enterprise (MBE)

Women-owned Business Enterprise (WBE)

[Before You Begin \(Checklist\)](#)

[About Applying for Certification](#)

[M/WBE Legal Requirements](#)

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Company Name and Address

Authorized Name of Firm

Company DBA Name

Street Address of Firm (No PO Box Numbers)

1400 Canal Road

City

County

State

Zip Code

Division of Supplier Diversity
Re-Certification Application

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Bidder Registration Number

Federal Identification Number

RE-CERTIFICATION

The program(s) below will be expiring soon. Please complete this re-certification application as soon as possible.

Type of Firm

CORP



Corporation



1-2 of 2

	Attachment Description	Attachment Required	Add Attachments
1	Prior year corporate taxes with all schedules for all owners, form 1120 or form 1120 with K1s	Yes	Add Attachments
2	All owners prior year personal taxes	Yes	Add Attachments

Total number of the firm's annual full-time work force?

Date business was established



Division of Supplier Diversity
Re-Certification Application

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Check For Errors

Bidder Registration Number

Federal Identification Number

Identify all individual owners.

Owners

1 of 1 | View All

[Add Delete](#)

Company Name

First Name

Middle

Last Name

Phone Number

Extension

Business Address

City

State

Gender

Ethnic Group

Time Owned

Months/Years

Percentage Owned

Example 60.00 = 60%

Division of Supplier Diversity
Re-Certification Application

[Application FAQs](#)

Bidder Registration Number
 Federal Identification Number

Identify officers and Board of Directors. If previously entered as owner, please check the box already identified as owner.

	Officer or Board of Director	Check here if already identified as owner	First Name	Middle Name	Last Name	Title	Ethnic Group	Gender	Date Appointed	Attach Resume		
1	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Attach Resume (Required)	Add	Delete

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Re-Certification Application

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Check For Errors

Bidder Registration Number
Federal Identification Number

List 3 current and/or closed contracts/sales agreements/Purchase Orders this business is working or has worked on. If no contracts or invoices can be reported, please select Notarized Statement and attach that documentation based on the following Department policy:

You must provide a notarized statement with an explanation why you do not have proof that you have performed the services you are seeking certification for.

25 IAC 5-3-6(e)(2) state: The Department may waive the two (2) years in business requirement if one of the following conditions is met:

- (A) The qualifying member or members have demonstrated management experience.
- (B) The qualifying member or members have demonstrated technical experience to carry out the type of business for which certification is sought.
- (C) The qualifying member has a record of successful performance on contracts from governmental or nongovernmental sources in its primary area of certification.
- (D) The applicant for certification is an MBE or WBE and has demonstrated, or can demonstrate, its ability to timely obtain the personnel, facilities, equipment, and any other requirements needed to perform contracts.

Current/Closed Contracts and/or Invoices



1 of 1



View All

[Add](#) [Delete](#)

Contract, Invoice, or Notorized Statement

Current/Closed Contracts and/or Invoices | | | 2 of 2 | | | [View All](#)

Contract, Invoice, or Notorized Statement [Add Delete](#)

- Contract
- Invoice
- Notarized Statement

Current/Closed Contracts and/or Invoices | | | 3 of 3 | | | [View All](#)

Contract, Invoice, or Notorized Statement [Add Delete](#)

Invoice/billing mechanism & Proof of Payment Documentation or Notarized Statement

Current/Closed Contracts and/or Invoices | | | 3 of 3 | | | [View All](#)

Contract, Invoice, or Notorized Statement [Add Delete](#)

Name of Prime Contractor

Project Number - If unknown, enter N/A

Project Name

Location of Project

City <input type="text"/>	State <input type="text"/>
-------------------------------------	--------------------------------------

Project Dates

Start Date <input type="text"/>	Completion Date <input type="text"/>
---	--

General Information

Ownership

Management

Financial Information

UNSPSC

Application Signature

Division of Supplier Diversity
Re-Certification Application

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Check For Errors

Bidder Registration Number
Federal Identification Number

Select From Available UNSPSC Codes

 1-3 of 3 ▾ View All				
	UNSPSC Code	Description		
1	44103100 	Printer and facsimile and photocopier supplies	Add	Delete
2	80141800 	Mailing services	Add	Delete
3	82121500 	Printing	Add	Delete

Enter Other UNSPSC Codes from

	
	UNSPSC Code
1	<input type="text"/>

Describe service you offer that you cannot find a code for

Division of Supplier Diversity
Re-Certification Application

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Check For Errors

Submit

Bidder Registration Number
Federal Identification Number

Important Message

I affirm, by my signature, that the following statements correctly address issues regarding changes in the circumstances of the certified firm indicated above.

(Please click the appropriate button 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 describe below and attach supporting documentation.)

New address listed

Add/View Supporting Documentation (1)

RAJr


Division of Supplier Diversity
Re-Certification Application

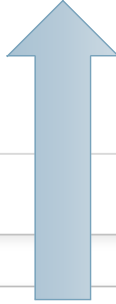
[Application FAQs](#)

Bidder Registration Number
Federal Identification Number

[Redacted]

Signature (name) of highest qualifying member

First Name Middle Name Last Name
Signed Date 



By checking this box, you agree:

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, Woman-owned, and/or Veteran-owned Business Enterprise (M/W/VBE) 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.

DSD App Errors



The following errors have been found. Each error or missing information must be corrected prior to submitting the application.

	Section	Question	Problem
1	General Information	Mailing Address the Same?	Please select Yes or No for Same Mailing Address
2	General Information	Contact Information	Title/Prefix is missing
3	General Information	Type of Firm Attachment	Missing Attachment Prior year corporate taxes with all schedules for all owners, form 1120 or form 1
4	General Information	Type of Firm Attachment	Missing Attachment All owners prior year personal taxes
5	General Information	Type of Firm	Total number of the firm's annual full-time work force?
6	General Information	Type of Firm	Date business was established
7	Ownership	Company Name / Individual Name (Record 1)	Company Name or Individual Name must be entered
8	Ownership	Phone Number (Record 1)	Phone Number must be entered
9	Ownership	Address (Record 1)	Address Line 1 must be entered
10	Ownership	Address (Record 1)	City must be entered
11	Ownership	Address (Record 1)	State must be entered

Division of Supplier Diversity
Re-Certification Application

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Check For Errors

Submit

Bidder Registration Number
Federal Identification Number

Important Message

Signature (name) of highest qualifying member

First Name

Signed Date

11/25/2020

Middle Name

Last Name

By checking this box, you agree:



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, Woman-owned, and/or Veteran-owned Business Enterprise (M/W/VBE) are true and accurate to the best of my knowledge.

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General Information

Ownership

Management

Financial Information

UNSPSC

Application Signature

Division of Supplier Diversity
Re-Certification Application

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Check For Errors

Submit

Bidder Registration Number

Federal Identification Number

Important Message

Signature (name) of highest qualifying member

First Name

Liz

Signed Date

01/12/2021

Middle Name

Application has been successfully submitted

Application has been successfully submitted and a notification has been sent to the State of Indiana Division of Supplier Diversity.

OK

By checking this box, you agree:

The undersigned swears or affirms that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of (company name) as well as the ownership thereof. Any misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal or state laws concerning false statements.

Contact Us

402 W. Washington Street, W-462

Indianapolis, IN 46204

Phone: 317-232-3061

Fax: 317-233-6921

mwbe@idoa.in.gov

