

**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  
Recertification 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 to the Office of Minority Affairs (OMA).

OMA will approve or deny your Recertification 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.

Please mail or email your completed form and all documents to:

**Nassau County**  
**One West Street, Suite 136**  
**Mineola, New York 11501**  
**516-572-2240 office**  
Email: [mwbeinformation@NassauCountyny.gov](mailto:mwbeinformation@NassauCountyny.gov)



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**SECTION I. GENERAL INFORMATION**

1. Name of Firm: \_\_\_\_\_
2. Name of Owner upon which minority or woman status is relied: \_\_\_\_\_
3. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 3a. Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. Email: \_\_\_\_\_
6. Principal Contact Person and Title: \_\_\_\_\_
7. Type of Business Structure ( ) Corporation ( ) Partnership ( ) Sole Proprietorship
8. Type of Work Performed by the Company: \_\_\_\_\_

**SECTION II. OWNERSHIP AND CONTROL INFORMATION**

1. Have there been any changes in the ownership, management, control or structure of your company since your initial certification or previous annual update (e.g., new partner, incorporation, bylaws, redistribution or new distribution of stock, etc.)?

( ) NO ( ) YES

If **YES**, please describe changes and attach relevant supporting documentation, i.e., stock certificate copies (both sides), corporate resolutions, purchase agreements, copies of canceled checks, etc.:

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2. List all shareholders, directors, officers, or outside firms that hold an interest in the company, along with minority classification (attach additional sheet if needed).

Name & Title	% of Shares	Race/Ethnicity	Gender

3. Name of the person who holds the highest position with the company:  
 Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

3a. If **not** the same name of person upon which the company is relying for certification, please indicate title of person as stipulated in #1 & #2.

Name: \_\_\_\_\_  
 Position Title: \_\_\_\_\_

**SECTION III. BUSINESS OPERATIONAL INFORMATION**

1. Gross Sales (a copy of last fiscal year tax return is required; please attach to this document)  
 \$ \_\_\_\_\_ Tax Year 20\_\_\_\_\_

2. **Responsibilities.** List the name(s) of individuals(s) responsible for the following decisions:

**Name/Title Gender/Ethnic Status**

- 1. Financial Decision: \_\_\_\_\_
- 2. Office Management: \_\_\_\_\_
- 3. Estimating: \_\_\_\_\_
- 4. Marketing/Sales: \_\_\_\_\_
- 5. Hiring/Firing of Mgmt: \_\_\_\_\_
- 6. Hiring/Firing of Field Personnel: \_\_\_\_\_
- 7. Purchasing – Major: \_\_\_\_\_
- 8. Negotiating (bonds/loans): \_\_\_\_\_
- 9. Supervision Field Operation: \_\_\_\_\_
- 10. Signing for Insurance/Payroll: \_\_\_\_\_
- 11. Contract Negotiation: \_\_\_\_\_
- 12. Describe and explain any changes in the bylaws, operating agreement, articles of incorporation, articles of organization, partnership agreement in the last two (2) years that affect the duties and/or powers of the principles, officers, and/or directors of the corporation. Provide copies of any changes.

Please return your completed application along with your notarized affidavit and a copy of your businesses most recent tax return to:

**Nassau County Office of Minority Affairs  
 One West Street, Suite 136  
 Mineola, New York 11501  
 516-572-2240**



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**AFFIDAVIT OF NO CHANGE**

I, \_\_\_\_\_ do hereby declare that I am authorized to act on  
(Name of M/WBE Owner)  
behalf of the business know as \_\_\_\_\_ in executing this Affidavit.  
(Name of Certified Business)

I swear or affirm that there have been no changes in the circumstances or ownership of the business affecting its ability to meet the M/WBE status of the owner(s), ownership, or control requirements for Nassau County M/WBE certification. There have been no material changes in the information provided with the firm's original application for certification, except for those changes previously submitted in writing to the certifying agency. The firm meets the criteria for identification as a M/WBE for purposes of M/WBE certification as established by Nassau County.

Signed and sworn to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of M/WBE Owner

\_\_\_\_\_  
Title

**NOTARY PUBLIC:**

**STATE OF:** \_\_\_\_\_

**COUNTY OF:** \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, THE ABOVE ASCRIBED did appear before me and execute this Affidavit acting on behalf of (Name of Firm) \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public Commission**

\_\_\_\_\_  
**Expiration**