

US Business Leadership Network®  
 Disability Supplier Diversity Program®  
 1310 Braddock Place, Suite 101  
 Alexandria, VA 22314



**Disability-Owned Business Enterprise  
 Recertification Application**

Annual recertification is **NOT AUTOMATIC**. Please provide the following information about the applicant business entity. Unless otherwise indicated, all information is required. Indicate non-applicable questions with “N/A”. If an answer requires more space than is provided, please attach a separate sheet and indicate the corresponding section number. Submit only the required documentation listed in the order presented on the application. The submission of a well organized application packet will expedite the processing of your application. Please ensure all required documentation, including the processing fee (\$200), is included in your application packet. Submit an explanation for any documentation that you cannot provide. All supporting financial documentation will be kept confidential. The application and information provided hereunder, once submitted, become the property of the USBLN®. The USBLN® reserves the right to require the submission of additional documentation to make a determination of continued eligibility for certification.

The entire recertification review process, which includes a mandatory site visit<sup>1</sup> every third year, takes 60 to 90 days from the date your complete application packet is received. Businesses that are currently certified in good standing with the National Minority Supplier Development Council, and/or the Women’s Business Enterprise National Council and/or the National Gay & Lesbian Chamber of Commerce should include a copy of the certification for expedited certification<sup>2</sup>.

<b>Payment Information</b>		Please make all checks/money orders payable to USBLN®	
Date of Application: _____			
Payment Method:	<input type="checkbox"/> Check	Check #: _____	Amount: _____
	<input type="checkbox"/> Money Order		
	<input type="checkbox"/> Credit Card		
<p>If payment by credit card is selected, the USBLN® will send an online payment link to the company owner and contact listed on the application. It is the responsibility of the applicant to run the credit card payment using the provided link. In order for the application to be considered complete and ready for committee review, the credit card transaction must be completed. The USBLN® accepts American Express, MasterCard, and Visa.</p>			

<sup>1</sup> In the event a site visit must be canceled or rescheduled due to business owner/principal schedules or lack of preparation on the part of the business owner, an additional fee could be incurred which must be paid by the applicant business prior to any issuance of a determination of eligibility.

<sup>2</sup> Businesses holding certifications from other agencies may have the site visit requirement waived at the discretion of the USBLN® and its Certification Committee(s).

## **Section 1: Required Questions**

The questions in this section **MUST** be answered.

<b>General Company Information</b>	
Legal Business Name	
Former Company Name(s)	
Doing Business As	
Company Website Address	
Federal Tax ID	
Owner Contact (highest ranking owner with a disability)	
Name	
Title	
Email	
Phone	
Fax	
Company Contact (person responsible for receiving communications from the USBLN®)	
Name	
Title	
Email	
Phone	
Fax	
<b>Financial/Size Information</b>	
Most recent fiscal year (dates)	
Gross Annual Sales/Revenue for most recent fiscal year	Revenue Figure \$ _____
Net Income for the most recent fiscal year	Net Income \$ _____
Current Number of Employees	
Please list number of new contracts with USBLN® DSDP Corporate Partners and/or other USBLN® Certified Disability-Owned Business Enterprises since your last certification. If contracts allow disclosure, please include corporation name(s) and contract dollar amount(s). Attach additional pages if needed.	
Total Number of Contracts	
Names of other business(es)	
Contract Amount(s)	
<b>Site Visit Information (if site visit required this year)</b>	
Does the applicant business require any accessibility accommodation for completion of the site visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, please provide details in an attached document.

All applicants must answer the following question

To provide your company with increased opportunities to be found in supplier databases, the USBLN® is adding the following commodity code classifications to all applicants’ files.

UNSPSC Codes (List as many as apply, provide at least 1) <a href="http://www.unspsc.org">http://www.unspsc.org</a>	
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**Section 2: Ownership/Management**

The questions in this section should be answered as applicable. Mark Not Applicable questions with N/A.

Have there been any changes in the name, ownership, disability status, management, or control of your company since you were last recertified/certified (including any changes to franchise, trust, subsidiary, affiliate, or other agreements)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Section 3: Other Information, page 4)  If you answered yes, please: 1) Include associated documentation requested on page 5 of this application, 2) Describe ownership/and or management changes using the template below, and 3) Describe any other changes here (Attach additional sheets if necessary)	
<b>Ownership– At least one reference required if there has been an ownership/management change</b> Provide the following information for each proprietor, partner, officer, director, stockholder, and any other persons holding comparable authority. Authority is defined as <b>Stockholder</b> (any equity owner), <b>Director</b> (director or person with comparable authority), and <b>Officer</b> (officer or person with comparable authority). The sum of % ownership MUST equal 100%. Attach additional sheets if necessary.	
Name	
Title	
Authority? (Check all that apply)	<input type="checkbox"/> Stockholder <input type="checkbox"/> Director <input type="checkbox"/> Officer
Gender (Pronoun Preference)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (Specify)
% Ownership	
Participates in share voting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Daily Management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity?	<input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other (Specify)
Does owner have any ownership of/employment at another firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe other company, percentage owned, competencies.

### **Section 3: Additional Company Information**

Product/Service Information	
Have there been changes to the company's core competency or its product(s)/service(s)? If so, please provide a keyword description. 500 character maximum.	
NAICS Codes (List as many as apply, provide at least 1) <a href="http://www.census.gov/epcd/www/naics.html">http://www.census.gov/epcd/www/naics.html</a>	
Geographical Service Area	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> Global
List the following information for any new licenses, clearances, and/or bond/security insurances since last (re)certification.	
License Number	
License Certification	
Trade Specialty	
Does the company have a Government Security Clearance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate the clearance levels:	<input type="checkbox"/> Confidential <input type="checkbox"/> Individual <input type="checkbox"/> Top Secret <input type="checkbox"/> Facility <input type="checkbox"/> Secret
Is the company bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, amount:	
Bonding/Security Company	
Business Relationships – Enter information for any new relationships since last (re)certification	
Does the applicant business entity have any subsidiaries/affiliates, or is the applicant entity a subsidiary, affiliate or franchise?	<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, please provide the following information for each associated business entity. Attach additional sheets if necessary.
Business Name	
Address	
City, State, Postal Code	
Phone	
Relationship type	<input type="checkbox"/> Parent <input type="checkbox"/> Affiliate <input type="checkbox"/> Subsidiary <input type="checkbox"/> Franchise
Management Change – Enter information for any new relationships since last (re)certification	
Does the applicant business or any person listed in the management section have or intend to enter into any type of agreement with any person or entity which relates to or affects the ongoing administration, management or operations of the applicant? Such agreements include, but are not limited to, management and joint venture agreements and any agreement or contract involving the position of compensated services such as administrative services, marketing, production, or other types of services.	<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, attach a copy of any written agreement or an explanation of any oral or implied agreement with your application submission.

## **Section 4: Required Documentation**

All recertification applicants must include the following information:

- Recertification Application
- Signed and Notarized Affidavit
- Non-refundable processing fee of \$200 (check or money order made payable to USBLN® or credit card submitted via online payment site)
- Financial statement from most recent tax year (Profit & Loss Statement & Balance Sheet)
- Most recent signed Federal Income Tax Return where business income is reported

**The following documents MUST be submitted only if new principals, shareholders, members, owners, directors, officers or other persons holding comparable authority have been added to the company.**

- Proof of U.S. Citizenship or Permanent Resident Alien Status
  - Valid United States Passport or United States Birth Certificate
  - United States Permanent Resident Card (“Green Card”)
- Disability Status Qualifier:** Submit one document from Group A **OR** submit at least two documents from Group B. Documents must be accompanied by a Disability Status Qualifier Supplemental Form, with the exception of the USBLN® Physician’s Certification Form.
  - **Group A (If selected, only one required)**
    - Records, statements, or other documentation issued from a licensed, registered, or certified vocational rehabilitation specialist (*i.e.*, State or private) stating that the applicant individual is a person with a disability
    - Records, statements, or other documentation issued from any Federal agency, State agency, or an agency of the District of Columbia or a U.S. territory that issues or provides disability benefits stating that the applicant individual is a person with a disability
    - USBLN® Physician’s Certification of Disability Form from a licensed medical professional (*e.g.*, a physician or other medical professional duly certified to practice medicine by a State, the District of Columbia, or a U.S. Territory) stating that the applicant individual is a person with a disability
    - To be considered a Service-Disabled Veteran, the veteran must have an adjudication letter from the Veterans Administration (VA), a Department of Defense Form 214 (Certificate of Release or Discharge from Active Duty), or a Statement of Service from the National Archives and Records Administration, stating that the veteran has a service-connected disability
  - **Group B (If selected, at least two required, additional items encouraged)**
    - National or local media attention indicating the applicant company is a disability-owned or service-disabled veteran-owned business, or mention the owner(s) as a member of the disability community
    - Records, certifications, or registrations regarding the use of a service animal

- Advertising/promotional materials that note the business is disability- or service-disabled veteran-owned and operated
- Certificates/Awards/Recognitions of the business and/or owner(s) as a member of the disability community (a copy of the certificate, letter of congratulations, or other supporting documentation must be included as well as contact information for the presenting party)
- Membership letters or certificates from a disability-focused organization (i.e. Center of Independent Living, national disability advocacy organizations, etc.), accompanied by a letter written by a board member of the organization indicating the applicant is a member in good standing and is a person with a disability. Contact information for the board member must also be provided
- Resume(s) of New Owner(s), Partner(s), or Shareholder(s)
- W-2s or 1099 forms for every New officer, director, or owner receiving compensation

**The following documents MUST be submitted only if there have been changes to the legal structure of your company or if your company has entered into any of the agreements listed below.**

- Management or Service Agreements (if applicable)
- Affiliate/Subsidiary Agreements (if applicable)
- Other Third Party Agreements (if applicable)
- Proof of Bonding Capacity (if applicable)
- Trust agreements (if applicable)
- Franchise agreements (if applicable)

Submit the documents for the legal structure of your business (if changes were made)

**Partnerships Submit:**

- Buy Out Rights
- Profit Sharing Agreements
- Proof of capital investment by Disability Ownership

**Corporations Submit:**

- Copies of Stock Certificates (both sides)
- Current Stock Transfer Ledger
- Proof of Stock Purchase or equity investment by Disability Ownership
- Voting agreements and other equity interests including stock options, warrants, buy/sell agreements, and right of first refusal

**LLCs Submit:**

- Member list with titles
- Proof of equity investment by Disability Ownership

## **Section 11: Declaration of Disability Ownership Status Affidavit**

I (We) have completed and submitted the USBLN® Disability-Owned Business Enterprise Recertification application as requested by the US Business Leadership Network (USBLN®) and hereby certify that the information contained herein and on all attachments submitted is true, correct, and accurate to the best of my (our) knowledge and belief. I (We) understand that this Application for Recertification and the criteria set forth have been developed according to the guidelines established by the USBLN®. The certification, when granted, will be for a one (1) year period. I (We) further understand that completion and submission of this form, together with all attachments hereto, are not necessarily the sole criteria for determining Certification of Disability Ownership status by the USBLN®.

I (We) acknowledge that if the USBLN® discovers that a statement has been made herein which the applicant knows to be false, the certification process will be terminated immediately and no refund will be given. I (We) agree that the application and all materials submitted with this package become the property of the USBLN®.

I (We) further agree that once certified, the continued certification and registration by the USBLN® will be according to the guidelines, rules, and regulations of the USBLN® and as may be amended from time to time. Termination of my (our) status may be based upon, but not necessarily limited to, any one of the following:

1. Cessation of business operation by the owner(s) with a disability.
2. Discovery that any false information was knowingly supplied to the USBLN® in the completion of this form or as contained in any attachments submitted.
3. Failure to provide timely notice or withholding of any notice to the USBLN® of the transfer or loss of ownership, management, or control by its owner(s) with a disability.
4. Failure or refusal to allow the USBLN® and/or its representative access to the company's place of business upon reasonable notice and demand for the purpose of a site visit.
5. Sale, exchange, or transfer of ownership of the business, if such transfer results in the loss of control and ownership of the business by its owner(s) with a disability.

I (We) understand and agree that the USBLN® reserves the right to request any additional information that it may deem necessary to substantiate the information and representations made by the applicant(s) for certification. I (We) declare that the company in whose name this application is being submitted is at least fifty-one percent (51%) owned by one or more individuals with a disability (as defined herein) and such individuals control, operate, and manage the company.

I (We) understand that portions of my (our) company information will be accessible by USBLN® corporate partners to promote procurement opportunities for USBLN® Disability-Owned Business Enterprises. Additionally, portions of my (our) company information may be published periodically for the general public. The USBLN® understands that the confidentiality of the information provided in connection with your application for certification is of the highest importance. The USBLN®, its certification committees, and its site visitors hold this information in the strictest confidence and each

member with access to your information has pledged not to disclose or disseminate that information unless ordered by a court of competent jurisdiction or the government.

The undersigned hereby agree(s) to hold the USBLN®, its officers, directors, employees, agents, and volunteers (each an “Indemnitee”) free and harmless from any and all claims, demands, and damages whatsoever arising out of the presentation of this application and agrees to indemnify and hold each Indemnitee harmless of any and all liability in connection with the certification of the information contained in this application.

The undersigned hereby declare(s) under penalty of perjury that all statements made in this application and any attachments hereto are true and correct. I (We) understand that the certification fee included is non-refundable. Recertification is assessed on an annual basis. Requirements and fees for recertification are available from the USBLN®.

Business Name: \_\_\_\_\_

Signature(s) of Proprietor, all Partners, or the highest-ranking officers of the Corporation:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please have this 8 page form NOTARIZED, retain a copy of this application and all associated submissions for your files, and return the original completed application (including attachments) to:

Disability Supplier Diversity Program® Attn: Program Manager  
United States Business Leadership Network  
1310 Braddock Place, Suite 101  
Alexandria, VA 22314

State of: \_\_\_\_\_ County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared (name[s]) \_\_\_\_\_ to me personally known, who being dully sworn, did execute the following affidavit, and did state that he or she was properly authorized by \_\_\_\_\_ (name of firm) to execute the affidavit and did so as his or her own free act deed. (Seal)

WITNESS my hand and official seal.

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

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