



# Women-Owned Business Certification Program

Guidelines and Application



**OKLAHOMA**  
Commerce

## Enhancing Contracting Capabilities

Women own 4 out of every 10 businesses in the U.S. As of 2019, there are 12.9 million women-owned businesses in the U.S. Compare that to 1972, when there were only 402,000 women-owned businesses, representing 4.6 percent of all firms.



**OKLAHOMA**  
**Women-Owned**  
Business Certification

### **Why Become Certified?**

Women are changing the face of America's economy. Their businesses are increasing in number, range, diversity and earning power. As a result, the Women-Owned Business Certification program was established by the State of Oklahoma in order to facilitate contracting capabilities for women-owned businesses with public and private sector entities.

In order to verify the ownership of women-owned businesses across the nation, certification is the acceptable process. This proof of ownership, now being requested by both private sector and public sector entities, provides credibility to women-owned business owners. Entities who choose to do business with a certified women-owned business are confident that their reporting of dollars spent with women-owned businesses will be verifiable and credible.

### **Guidelines:**

- The Department of Commerce ("Department") has authority to qualify and certify companies for the Woman Owned Business Certification program.
- [Administration Table of Standards](#)) is eligible to apply for certification.
- The business must be at least 51% owned and controlled on a day-to-day basis by one or more women.
- The firm (or business) applying must be registered to do business in the State of Oklahoma and provide proof of registration with the Oklahoma Secretary of State and any other required licensures.
- The Department will make the list of the Woman Owned Business Certified companies available to the public on an ongoing basis as requested. The list will be updated regularly by the Department. The Department will furnish the list of companies in the Women Owned Business Certification program as requested by parties seeking Certified Women Owned Businesses for services.

The Women Owned Business Certification program does not require a fee to become certified; however, an annual renewal is required, as well as a five-year recertification to ensure the company still meets the WOBC program



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requirements and SBA small business standards. The renewal forms are provided to the company by the program manager at the Oklahoma Department of Commerce. The certification will remain valid unless one of the following occurs:

- There is a change in ownership or daily management to persons other than those upon whom certification was based; or
- The business exceeds “small business” size standards for its industry as defined by 15 U.S.C., Section 632; or
- The business ceases to exist as an independent operation; or
- There is any change that, if it had occurred before certification, would have prevented the applicant from being certified by the Oklahoma Department of Commerce.

#### **Instructions to complete the application:**

- Verify your company industry and NAICS code in the [SBA Table of Size Standards](#) and confirm that your company meets the SBA requirements for small businesses.
- Print the application one-sided and type or print clearly.
- If you are unable to answer any questions or provide required documentation, attach a complete explanation. Omission of required information may result in denial of certification.
- Label all accompanying required documentation (attachments) in order, printed one-sided.
- Paperclip, do not staple, any accompanying documents/attachments.
- Complete the Certification Affidavit and Attestation of Information (signed and notarized).
- Review your application carefully before submitting. Omission of any required item will result in a delay in processing or denial of certification.
- Keep a copy of the entire application packet for your files. In the case of questions during the application process, the program manager will refer to the information provided by the applicant.
- Return the packet to:  
Oklahoma Department of Commerce  
Women Owned Business Certification Program  
900 N. Stiles  
Oklahoma City, OK 73104  
ATTENTION: Cathy Curtis

The typical application review should be less than 30 days of receipt. However, 90 days is allowed for the review process.

If you have questions please submit them to [wobc@okcommerce.gov](mailto:wobc@okcommerce.gov).

**ALL APPLICANTS MUST PROVIDE  
THE FOLLOWING INFORMATION:**



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**GENERAL BUSINESS INFORMATION:**

Name of Firm (Use the complete legal name as it is registered with the Oklahoma Secretary of State) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

County \_\_\_\_\_

Telephone Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Social Security Number of Principal Owner \_\_\_\_\_

Federal Employer Identification Number (FEIN) \_\_\_\_\_

Contact Person Name + Title \_\_\_\_\_

1. Are all owners of your firm citizens of the United States?  Yes  No
2. If no – do all owners lawfully reside in the United States?  Yes  No
3. Is the company at least 51% Women Owned/Controlled?  Yes  No
4. Is the company managed by women on a day to day basis?  Yes  No

**ATTACHMENT A:** Provide proof of legal U.S. residence for owners (example: state issued birth certificate, voter registration, armed services discharge, unexpired passport, certificate of naturalization or other legal documentation for proof of U.S. residency).

AND

Provide proof of female status for each female owner (example: state issued birth certificate, unexpired passport, or other government document which indicates gender).

AND

Copy of valid state issued drivers license or other government issued identification document to establish state residency (Oklahoma or out-of-state).

5. What is the primary industry of the company? \_\_\_\_\_
6. Description of your company and the primary product or service
7. Primary 6 digit North American Industry Classification System Code (NAICS) \_\_\_\_\_
8. Is your firm authorized to do business under the laws of the State of Oklahoma, as well as locally?  Yes  No

**ATTACHMENT B:** Provide a copy of all applicable documentation (including Certificate of Registration with the Oklahoma Secretary of State and any additional registrations to do business in Oklahoma).

9. List any professional licenses held by your firm, identify the licensing authority and give the name of the qualifying individual(s) of the firm (if applicable).

**ATTACHMENT C:** Include a copy of each license and identify.

10. Date the company began operations (for most, the date that the company registered with the Oklahoma Secretary of State) Date \_\_\_\_\_
11. How was the firm started by present owners?  New Business  Secured Franchise  
 Bought an Existing Business  Merger or Consolidation  Other: \_\_\_\_\_
12. What is the legal structure of the business?  
 Sole Proprietorship  LLC  PLLC  Partnership  LLP  Corporation
13. Date the company began doing business under the current legal structure  
Date \_\_\_\_\_
14. Has the company been sold or restructured since it was originally established?  
 Yes  No

**ATTACHMENT D:** If yes, attach a complete business history.

15. Identify all owners of your firm and complete the following information for each:

Name\_\_\_\_\_

Gender\_\_\_\_\_

Years of Ownership\_\_\_\_\_

Ownership %\_\_\_\_\_

Name\_\_\_\_\_

Gender\_\_\_\_\_

Years of Ownership\_\_\_\_\_

Ownership %\_\_\_\_\_

Name\_\_\_\_\_

Gender\_\_\_\_\_

Years of Ownership\_\_\_\_\_

Ownership %\_\_\_\_\_

Name\_\_\_\_\_

Gender\_\_\_\_\_

Years of Ownership\_\_\_\_\_

Ownership %\_\_\_\_\_

16. For each owner, list the type of expertise, investment, value of equipment and/or real estate initially contributed to the firm:

Name\_\_\_\_\_

Investment/Expertise\_\_\_\_\_

Equipment/Real Estate\_\_\_\_\_

Name\_\_\_\_\_

Investment/Expertise\_\_\_\_\_

Equipment/Real Estate\_\_\_\_\_

Name\_\_\_\_\_

Investment/Expertise\_\_\_\_\_

Equipment/Real Estate\_\_\_\_\_

17. List by type and quantity the major equipment owned or leased by your firm

Type \_\_\_\_\_  
Quantity \_\_\_\_\_  
Leased/Owned \_\_\_\_\_

Type \_\_\_\_\_  
Quantity \_\_\_\_\_  
Leased/Owned \_\_\_\_\_

Type \_\_\_\_\_  
Quantity \_\_\_\_\_  
Leased/Owned \_\_\_\_\_

**ATTACHMENT E:** Provide proof which may include copies of canceled checks, bills of sale, vehicle registrations, real estate titles and/or lease agreements.

18. List Current Board of Directors and complete the information for each:

Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Date \_\_\_\_\_  
Voting \_\_\_\_\_  
Elected % \_\_\_\_\_

Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Date \_\_\_\_\_  
Voting \_\_\_\_\_  
Elected % \_\_\_\_\_

Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Date \_\_\_\_\_  
Voting \_\_\_\_\_  
Elected % \_\_\_\_\_

19. List Current officers of the company and complete the information for each:

Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Date \_\_\_\_\_  
Appointed Position \_\_\_\_\_

Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Date \_\_\_\_\_  
Appointed Position \_\_\_\_\_

Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Date \_\_\_\_\_  
Appointed Position \_\_\_\_\_

20. Are any owners, partners or officers of your firm affiliated with any other firms as employees, shareholders or directors?  Yes  No

If yes provide the following information:

Name of Person \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
Position with Other Firm \_\_\_\_\_  
Telephone Number \_\_\_\_\_

21. How many persons does your firm normally employ? \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time  
List the individuals with your company who perform the following. Note: the highest officer position in the company must be held by a woman on a full time basis.

**CHIEF EXECUTIVE OFFICER**

Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Title \_\_\_\_\_



**MARKETING/SALES**

Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Title \_\_\_\_\_

**HUMAN RESOURCES**

Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Title \_\_\_\_\_

**PAYROLL**

Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Title \_\_\_\_\_

**FINANCIAL DECISIONS**

Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Title \_\_\_\_\_

**PROJECT SELECTION**

Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Title \_\_\_\_\_

**PROJECT MANAGEMENT**

Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Title \_\_\_\_\_

**PREPARING JOB ESTIMATES**

Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Title \_\_\_\_\_

**PROJECT COORDINATION**

Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Title \_\_\_\_\_

**FIELD SUPERVISION**

Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Title \_\_\_\_\_

**REVIEWING PLANS AND SPECIFICATIONS**

Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Title \_\_\_\_\_

**CONTRACT NEGOTIATIONS**

Name \_\_\_\_\_  
Gender \_\_\_\_\_  
Title \_\_\_\_\_

**ATTACHMENT F:** Provide a resume for principal company owners/officers.

22. What were the gross annual receipts of your firm for the past three (3) years?

Year \_\_\_\_\_ Amount \_\_\_\_\_  
Year \_\_\_\_\_ Amount \_\_\_\_\_  
Year \_\_\_\_\_ Amount \_\_\_\_\_

**ATTACHMENT G:** Provide financial statements (balance sheet and income statement, current within 90 days).

REQUIRED: IF THIS IS A START UP, INCLUDE A COPY OF BUSINESS PLAN FOR ATTACHMENT G.

23. Name and Location of each bank where your firm maintains its checking and loan accounts.

Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_

**ATTACHMENT H:** Provide copies of three (3) canceled checks or electronic bankcard transmissions used for business purposes. Documents indicating authorized account signatory for the accounts listed above.

24. Is your firm currently bonded?  Yes  No  Not Applicable

**ATTACHMENT I:** If Yes, provide a copy of your latest bond agreement.

25. Does any principal in your firm, or the spouse of any principal, owe money or anything else of value to the firm?  Yes  No

If Yes, list below:

Name and Title \_\_\_\_\_

Reason for Debt \_\_\_\_\_

Amount Owed \_\_\_\_\_

Due Date \_\_\_\_\_

Name and Title \_\_\_\_\_

Reason for Debt \_\_\_\_\_

Amount Owed \_\_\_\_\_

Due Date \_\_\_\_\_

Name and Title \_\_\_\_\_

Reason for Debt \_\_\_\_\_

Amount Owed \_\_\_\_\_

Due Date \_\_\_\_\_

26. Is your firm registered as a vendor with the Oklahoma Department of Central Services, Central Purchasing Division or Construction and Properties Division?  
 Yes  No

**ATTACHMENT J:** If yes, provide copies of approval letters and any certificates of certification.

27. Is your firm or any other firms with any of the same officers, certified by any of the following entities: Department of Central Services, Minority Business Certification Program, Department of Transportation, Disadvantaged Business Enterprise Certification Program, U.S. Small Business Administration, 8(A) Certification Program.  
 Yes  No

**ATTACHMENT K:** If Yes, provide copies of approval letters and any certificates of certification.

28. Has this firm or other firms with any of the same officers previously been denied certification as a Women Owned Business Enterprise?  Yes  No  
If yes, list the names of the denying entity and explanation of the circumstances.  
Name of Entity: \_\_\_\_\_  
Reason for Denial: \_\_\_\_\_

29. References:

List three (3) Business References (Example: Companies with whom you have previously or are currently providing business services, such as: Vendors with whom you have purchase agreements; Legal or Financial Advisors to your company)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person/Telephone Number \_\_\_\_\_  
Business Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person/Telephone Number \_\_\_\_\_  
Business Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person/Telephone Number \_\_\_\_\_

Business Relationship \_\_\_\_\_

List three (3) personal references

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

30. How did you hear about the Women Owned Business Certification program?

- From the Oklahoma Department of Commerce  From a client  
 From another WOBC company  From personal research  Other: \_\_\_\_\_

**Additional Documentation for Attachment L:**

\_\_\_\_\_ **Sole Proprietorship , LLC or PLLC**

- Most recent 1040 Schedule C of federal tax return. If start-up, submit a business plan
- Articles of Organization
- Copy of Trade Name Certificate or Secretary of State Registration (filed with Oklahoma Secretary of State)

\_\_\_\_\_ **Partnership or LLP**

- Copy of Partnership Agreement (signed by all partners and notarized)
- Most recent year partnership schedule (Form 1065 of federal tax return). If a start-up, submit business plan
- Copy of Trade Name Certificate or Secretary of State Registration (filed with Oklahoma Secretary of State)

### **\_\_\_\_\_ Corporation**

- Articles of Incorporation including all addendum and approval dates
- Corporate By-Laws with Amendments
- Copies of all stock certificated issued and a copy of stock transfer ledger page showing all stock transactions
- Minutes of the first and most recent organizational meetings and all resolutions affecting ownership
- Certificate of Incorporation
- Copy of Secretary of State Registration (filed with Oklahoma Secretary of State)
- Most recent year federal tax return (Form I 120 or I 120S) and all attachments. If a start-up, submit business plan

### **\_\_\_\_\_ Out of State Companies:**

- Proof of certification in home state including name, address, telephone number and contact person of certifying entity
- Letter granting permission to contact certifying entity in home state for additional information if necessary.
- Copy of Trade Name Certificate or Oklahoma Secretary of State Registration

### **\_\_\_\_\_ ALL APPLICANTS:**

ALL APPLICANTS: COMPLETE THE FOLLOWING CERTIFICATION AFFIDAVIT AND ATTESTATION OF INFORMATION. Notarization is required.

## **Certification Affidavit and Attestation of Information**

The undersigned does hereby swear that the statements contained in this application and all attachments which have been provided in support of this application (hereinafter referred to as "this application") are true, accurate and includes all material information necessary to identify and explain the ownership and operation of:

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Full Legal Name of Applicant Company as registered with the Oklahoma Secretary of State

Further, the undersigned agrees to provide the Oklahoma Department of Commerce, Women Owned Business Certification program or any other portion of the Oklahoma Department of Commerce with current, complete and accurate information regarding this application, attachments or any project or contract issued by agencies or corporations utilizing the Women Owned Business Certification program for their minority/women owned or disadvantaged business procurement and/or construction programs. The undersigned further agrees that as part of this procedure, the Women Owned Business Certification program may freely contact any person or organization named in this application to verify statements made in this application and/or to secure additional information or data required to grant to, or withhold from, the application company certification as a Women Owned Business Certified business. The undersigned understands and agrees that failure to submit required materials and/or consent to interview(s), on-site review(s), audit(s) and/or examination(s) will be grounds for immediate rejection of this application for certification.

It is recognized and acknowledge that the statements contained in this application were given under oath and that any material misrepresentation is grounds for decertification and may result in not awarding or terminating contracts which may have been awarded as the result of information contained in this application.

The undersigned further acknowledges that information contained in this application may be shared with any public department or agency including the U.S. Government which are used to fulfill contracts arising from the representations made in this application. The release of such information will be subject to all disclosure of information laws of the State of Oklahoma and Federal Government applicable to the treatment of

confidential information and/or material. Private Corporations contracting with the State of Oklahoma will have access only to that information disclosed in this application and not the supporting documentation.

If after proper review and consideration of an application for certification it is determined that the applicant does not meet the requirements and legislative intent of the Women Owned Business Certification program, such request for certification will be denied. If an applicant believes she has been wrongfully denied certification, the applicant may request an administrative hearing that will be enclosed in the denial notice. This application must be filed within five (5) business days of receipt of a written notice of denial.

A request for an administrative hearing should be sent to the Oklahoma Department of Commerce, 900 N. Stiles, Oklahoma City, Oklahoma 73104. The administrative proceedings shall be held in accordance with the Oklahoma Administrative Procedures Act.

The undersigned also understands and acknowledges that the certification requires an annual renewal and five year recertification with affidavits and attestations of continued program compliance, but the Women Owned Business Certification program retains the right to reevaluate the contents of this application at any time.

The undersigned swears that the statements contained in this application are true and correct and include all material information necessary to identify and explain the operations of the applicant as well as the ownership thereof. Any material misrepresentation will be grounds for terminating any contract which may have been or may be awarded and for initiating action under Federal or State laws concerning false statements.

NOTE: If after filing this form there is any significant change in information previously submitted, please inform the Oklahoma Department of Commerce, 900 N. Stiles, Oklahoma City, Oklahoma 73104 in writing.

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Signature



Name (Type or Print)\_\_\_\_\_

Title\_\_\_\_\_

Date\_\_\_\_\_

Corporate Seal (for incorporated businesses).

Full Legal Name of Company\_\_\_\_\_

FEIN or Social Security Number of Principal Owner\_\_\_\_\_

Address, City, State & Zip Code\_\_\_\_\_

Telephone Number\_\_\_\_\_

State Of\_\_\_\_\_

County Of\_\_\_\_\_

I hereby attest that the business listed above is a Women Owned Business as defined in this application, and that the information contained in this application and attached hereto is true, accurate and complete to the best of my knowledge.

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Signature of Proprietor, Partner or Chief Executive Officer  
Printed Name of Proprietor, Partner of Chief Executive Officer \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

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

Notary Public \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

## **ATTACHMENTS CHECKLIST**

Attach in order, printed single side and paper clipped. Initial that all are attached or note N/A.

\_\_\_\_\_A. Provide proof of legal U.S. residence for owners (example: state issued birth certificate, voter registration, armed services discharge, unexpired passport, certificate of naturalization or other legal documentation for proof of U.S. residency)

AND

Provide proof of female status for each female owner (example: state issued birth certificate, unexpired passport, or other government document which indicates gender).

AND

Copy of valid state issued drivers license or other government issued identification document to establish state residency (Oklahoma or out-of-state)

\_\_\_\_\_B. Provide a copy of all applicable documentation (including Certificate of Registration with the Oklahoma Secretary of State and any additional registrations to do business in Oklahoma).

\_\_\_\_\_C. Include a copy of each license and identify.

\_\_\_\_\_D. Complete business history if the company has been sold or restructured since established.

\_\_\_\_\_E. Provide proof of major equipment owned or leased by your firm which may include copies of canceled checks, bills of sale, vehicle registrations, real estate titles and/or lease agreements.

\_\_\_\_\_F. Provide a resume for principal company owners/officers

\_\_\_\_\_G. Provide financial statements (balance sheet and income statement, current within 90 days). REQUIRED: IF THIS IS A START UP, INCLUDE A COPY OF BUSINESS PLAN FOR ATTACHMENT G.

\_\_\_\_\_H. Provide copies of three (3) canceled checks or electronic bankcard transmissions used for business purposes.

\_\_\_\_\_I. Provide a copy of your latest bond agreement if applicable

\_\_\_\_\_J. Provide copies of approval letters and any certificates of certification if the firm is registered as a vendor with the Oklahoma Department of Central Services, Central Purchasing Division or Construction and Properties Division.

\_\_\_\_\_K. Provide copies of approval letters and any certificates of certification if your firm or any other firms with any of the same officers are certified by any of the following entities: Department of Central Services, Minority Business Certification Program, Department of Transportation, Disadvantaged Business Enterprise Certification Program, U.S. Small Business Administration, 8(A) Certification Program.

## ATTACHMENT A

ATTACHMENT B

ATTACHMENT C

## ATTACHMENT D



## ATTACHMENT E

ATTACHMENT F

**ATTACHMENT G**

## ATTACHMENT H

ATTACHMENT I

ATTACHMENT J

ATTACHMENT K

ATTACHMENT L