

# City of New York Fast Track Certification Application

With a few simple steps your business can apply for certification as a **Minority and/or Women-owned Business Enterprise (M/WBE)** or a **Locally Based Enterprise (LBE)** with the City of New York. Certification connects businesses with opportunities to sell their products and services to New York City agencies. The New York City Department of Small Business Services values your contribution to building a stronger and more diverse local economy.

## Follow these steps to apply for certification today:

### 1 Submit a copy of your current letter of certification from one of the following:

Please note: Your business must be certified MBE, WBE, MWBE or LBE with the partner organizations listed below and have at least **six (6)** months remaining on that certification. If approved, your business will be certified for the time remaining on the partner's certification for a maximum of three years.

- **New York City School Construction Authority**
- **The Port Authority of New York and New Jersey**
- **Women Presidents' Educational Organization**
- **New York and New Jersey Minority Supplier Development Council**
- **New York State Department of Economic Development, Division of Minority and Women's Business Development (DMWBD)**

If you were certified with (DMWBD) before February 16, 2005 please do not submit this application. Instead, please call SBS for the M/WBE Standard Certification Application at (212) 513-6311 or go online to [www.nyc.gov/getcertified](http://www.nyc.gov/getcertified).

### 2 Register with the City's Payee Information Portal:

To do business with the City of New York you need to register your business with the Payee Information Portal (PIP). To sign up, go to <http://nyc.gov/pip>, click on the "Activate" button and follow the instructions. Use the "New York City Commodity Code Listing" to find the right Commodity Code for your business. Limit the number of commodity code selections to items that best describe the product or services offered by your business. For further assistance, call the PIP Help Desk at (212) 857-1777.

### 3 Complete, sign, and return this application and affidavit

**Please note:** This application is a onetime courtesy for businesses that have never previously applied or are not currently under review for certification with the City of New York. In order to continue your certification, complete the M/WBE or LBE Standard Certification Application. Please call SBS at (212) 513-6311 or go online to [www.nyc.gov/getcertified](http://www.nyc.gov/getcertified) to obtain an application.

## INSTRUCTIONS

Please complete, sign, and return this form, **along with your valid letter of certification from your certifying entity (New York City School Construction Authority, The Port Authority of New York and New Jersey, Women Presidents' Educational Organization, New York and New Jersey Minority Supplier Development Council, OR New York State Department of Economic Development, Division of Minority and Women's Business Development)** to: Department of Small Business Services (SBS), Division of Economic and Financial Opportunity, 110 William Street, New York, NY 10038. If you have questions or need help completing this form, please contact the Certification Unit at (212) 513-6311. **PLEASE NOTE: Your business information, including the address, must be as documented on the partner's letter of certification.**

## BUSINESS PROFILE

*Please fill in all the following information about your business. If it is not applicable to your business, insert "N/A".*

**Business Name** \_\_\_\_\_

**Owner's Name Signing Affidavit** \_\_\_\_\_

**Title and % of Ownership** \_\_\_\_\_  
(If more than one owner, please list other owners' names, titles, and % of ownership on a separate sheet.)

**Owner's Gender/Ethnicity**  
**Gender:** M  F  **Ethnicity:**  Black  Hispanic  Asian-Pacific  Asian-Indian  Non Minority

**Business Address** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Business Phone/ Fax** Business # \_\_\_\_\_ Fax# \_\_\_\_\_

**Email/Website Address** Email \_\_\_\_\_ Website \_\_\_\_\_

**Tax ID # / FMS Vendor #** Tax ID # \_\_\_\_\_ FMS Vendor # \_\_\_\_\_

**Bonding Limit** Agent/Broker: \_\_\_\_\_ Single Job: \$ \_\_\_\_\_ Aggregate \$: \_\_\_\_\_

**Insurance** Carrier \_\_\_\_\_ Insurance dollar amount: \_\_\_\_\_

**License Type** Issued By \_\_\_\_\_ Trade Type \_\_\_\_\_

**Month/Year Started and # of employees (excluding owners)**  
Month/Year Started \_\_\_\_\_ # of Permanent Employees FT \_\_\_\_\_ PT \_\_\_\_\_  
# of Temporary Employees FT \_\_\_\_\_ PT \_\_\_\_\_

**Is your firm a signatory to a union contract?** Yes  No  If yes, name and Local(s) \_\_\_\_\_

**NAICS Codes (North American Industry Classification System)** NAICS \_\_\_\_\_ NAICS \_\_\_\_\_ NAICS \_\_\_\_\_  
NAICS can be found at [www.census.gov/eos/www/naics/](http://www.census.gov/eos/www/naics/). List at least **one** code. 6-digit codes are preferred.

**NIGP Codes (National Institute of Government Purchasing)** NIGP \_\_\_\_\_ NIGP \_\_\_\_\_ NIGP \_\_\_\_\_  
NIGP can be found at [http://on.nyc.gov/nigp\\_commodity\\_codes](http://on.nyc.gov/nigp_commodity_codes). List at least **one** code. 5-digit codes are preferred.

**Revenues past three years** 20 \_\_\_\_\_ \$ \_\_\_\_\_ 20 \_\_\_\_\_ \$ \_\_\_\_\_ 20 \_\_\_\_\_ \$ \_\_\_\_\_

If your business becomes certified, your responses to the following questions will be made publicly available on the City of New York's Online Directory for Certified Businesses. The Online Directory of Certified Businesses ([www.nyc.gov/buycertified](http://www.nyc.gov/buycertified)) is a searchable database that will help you promote your business at no cost and makes it easier for public and private purchasing agents to do business with you. Purchasing agents can search by business name, keywords, certification type, ethnicity, or commodity code.

**Business Description** Briefly describe your business, including the products and/or services it sells. (max 50 words)

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**Targeted Geographic Area**

New York State  New York City   
 Tri-State Metro Area  Nationally, across the U.S.

**Credit Cards Accepted**

American Express  Discover Card  MasterCard  Visa  None

**EXPERIENCE**

Provide the three most recent jobs your business performed. Please note: Contact information will not be displayed on the Online Directory for Certified Businesses; it is only used by the NYC Department of Small Business Services for verification purposes. **If your business has a client confidentiality policy and you are not able to provide this information, please submit a notarized letter on your business letterhead explaining such policy.**

EXPERIENCE # 1

Name of Client Organization \_\_\_\_\_

Date of Job (Month/Year) \_\_\_\_\_

Dollar Value of Contract Job Value \$ Percentage of Work Self Performed: \_\_\_\_\_

Description of Specific Tasks Performed \_\_\_\_\_

Organization Contact First: Last: Title: \_\_\_\_\_

Telephone Number and Email Address \_\_\_\_\_

EXPERIENCE # 2

Name of Client Organization \_\_\_\_\_

Date of Job (Month/Year) \_\_\_\_\_

Dollar Value of Contract Job Value \$ Percentage of Work Self Performed: \_\_\_\_\_

Description of Specific Tasks Performed \_\_\_\_\_

Organization Contact First: Last: Title: \_\_\_\_\_

Telephone Number and Email Address \_\_\_\_\_

EXPERIENCE # 3

Name of Client Organization \_\_\_\_\_

Date of Job (Month/Year) \_\_\_\_\_

Dollar Value of Contract Job Value \$ Percentage of Work Self Performed: \_\_\_\_\_

Description of Specific Tasks Performed \_\_\_\_\_

Organization Contact First: Last: Title: \_\_\_\_\_

Telephone Number and Email Address \_\_\_\_\_

