

Wisconsin Supplier Diversity Program

Registration and Completing a new Application

Instructions for Completing a New Application

Create your registration

1. Click on **APPLY FOR CERTIFICATION**.

WISCONSIN DEPARTMENT OF ADMINISTRATION
DIVISION OF ENTERPRISE OPERATIONS
WISCONSIN SUPPLIER DIVERSITY PROGRAM
BUSINESS CERTIFICATION PROGRAM

For Recertification/Annual Updates: [Log In](#)
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[Home](#) [Search for a business](#) [Apply for Certification](#) [Information](#)

WELCOME TO THE WISCONSIN SUPPLIER DIVERSITY PROGRAM - BUSINESS CERTIFICATIONS

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[Apply for Certification](#)
[Login](#)

Certification Types

Minority Business Enterprise - MBE More Info	Woman-Owned Business Enterprise - WBE More Info	Disabled Veteran Business - DVB More Info
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Eligibility

- Must meet qualifying criteria for the business certification applying for (MBE/WBE/DVB)
For information on qualifying criteria click on the "More Info" link under the Certification Type
- Businesses must be a year old at the time of application.
- Is the business located out of the State of Wisconsin? [More Info](#)

Application Steps

1. Register the business <ul style="list-style-type: none">• Enter basic business information• Enter primary contact information• Enter login ID and password• Click here to start the registration process	2. Login and Complete Application <ul style="list-style-type: none">• Enter detailed business information• Agree to Certification Affidavit• Submit required documentation• Pay the required fee (if applicable)	3. Review Process <ul style="list-style-type: none">• Application review by certification consultant• On-site visit and interview of key personnel• Final Certification decision
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2. Enter your **BUSINESS INFORMATION**.

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Home Search for a business **Apply for Certification** Information

Once you have completed the registration process you have 30 days to complete and submit the application for certification. After 30 days this registration will be deleted

Business Information Contact Information

Tax ID:* **FEIN** DUNS #: Business Name:*
Business Email: Web Site URL:
Street:
Address:*
(No PO Box):
County: City:* State:* Zip:*
(WI Only)
Business Phone:* Ext: Fax:
Certification Type
☐ MBE ☐ WBE ☐ DVB
Applying for:*

* - Indicates a required field

Enter both the Business and Contact Information before clicking the Submit and Register button

Submit and Register

Click on the **CONTACT INFORMATION** tab. Once your information is entered, click on **SUBMIT AND REGISTER button** at the bottom of the page.

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Home Search for a business **Apply for Certification** Information

Once you have completed the registration process you have 30 days to complete and submit the application for certification. After 30 days this registration will be deleted

Business Information **Contact Information**

Salutation:* First Name:* Last Name:*
Street:
Address:*
County: City:* State:* Zip:*
(WI Only)
Email:* Re-enter Email:
(Login ID)
Telephone:* Title:
Password:* Re-enter Password:*
Reset Password Reset Answer:*

* - Indicates a required field

Enter both the Business and Contact Information before clicking the Submit and Register button

Submit and Register

3. This creates your profile (login). **NOTE: This may take a few minutes for your registration to be added into the system. DO NOT CLOSE YOUR BROWSER OR CLICK ON SUBMIT & REGISTER BUTTON AGAIN.**
Your username will be your email address.

Complete the Application

Once your registration information has been entered, the screen below will appear. During the application process, you will need to step through each of the areas from the **LEFT NAVIGATION BUTTONS**. (Business Information, Codes, Customers, Accounts/Services, Ownership/Management, Other Certifications if applicable, & Other Information.) Once all this information is completed, the last step is to Click on the **VERIFY TAB**. This will validate your information entered and if something was not filled out, you will be given the opportunity to go back and complete it.

Viewing Business Information for: 

[Add New Business](#)

Certification

Business Information

Codes

Customers

Accounts/Services

Ownership/Management

Other Certifications

Other Information

Verify

Upload Documents

Current Certification(s) and Status 7345

Use the dropdown list and 'add' button to choose the type of certification(s) you are applying for.

Add new certification type:

MBE

Add

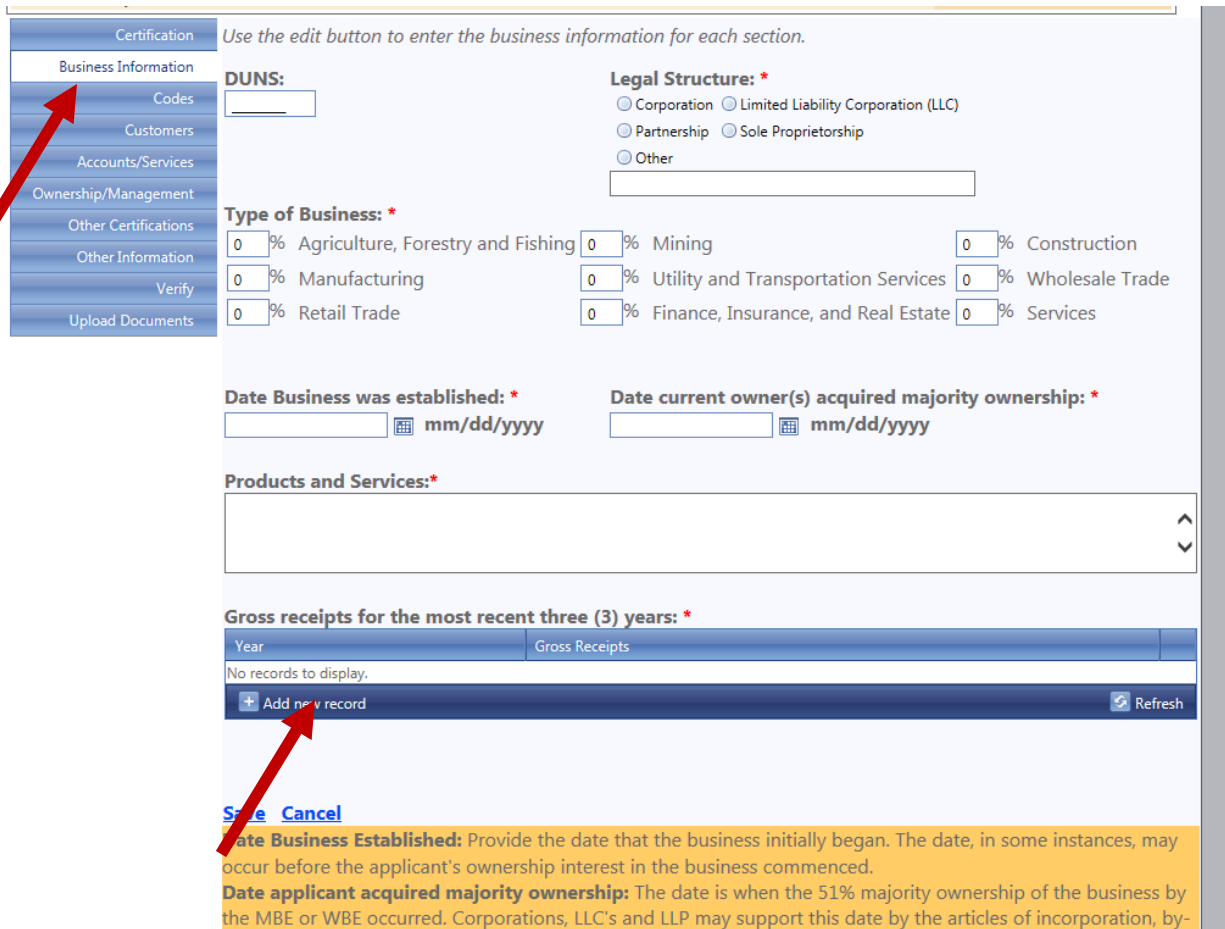
Type	Application Date	Expiry Date	Status	Comments
WBE		4/19/2017	New/Not Submitted	You have 30 days to complete and submit your application. After 30 days of inactivity this application will be deleted.

Certification Type: If you are a minority female business owner seeking both MBE and WBE certification, please select both certifications. Gender alone does not qualify for minority status.

Qualifying minorities are: Black, Asian, Hispanic, Native American, Native Hawaiian/Polynesian.

* - Indicates a required field

4. Click on the **BUSINESS INFORMATION TAB**. Enter the appropriate information.



Use the edit button to enter the business information for each section.

Business Information

DUNS:

Legal Structure: *

☐ Corporation ☐ Limited Liability Corporation (LLC)
☐ Partnership ☐ Sole Proprietorship
☐ Other

Type of Business: *

% Agriculture, Forestry and Fishing % Mining % Construction
 % Manufacturing % Utility and Transportation Services % Wholesale Trade
 % Retail Trade % Finance, Insurance, and Real Estate % Services

Date Business was established: * mm/dd/yyyy **Date current owner(s) acquired majority ownership: *** mm/dd/yyyy

Products and Services:*

Gross receipts for the most recent three (3) years: *

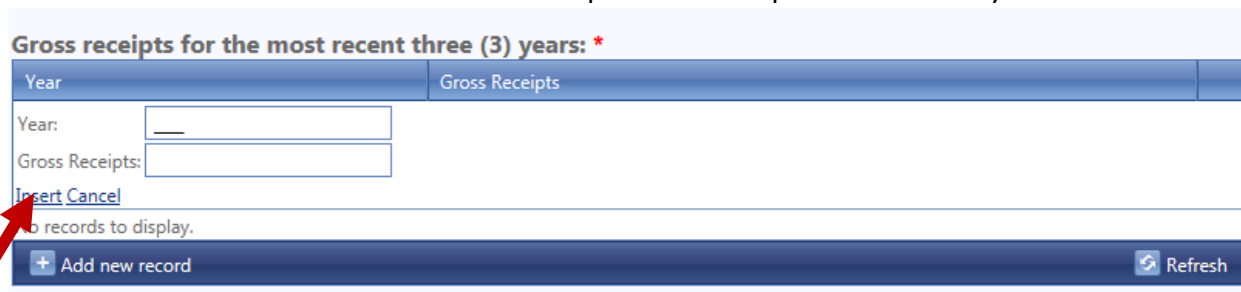
Year	Gross Receipts
No records to display.	
+ Add new record Refresh	

[Save](#) [Cancel](#)

Date Business Established: Provide the date that the business initially began. The date, in some instances, may occur before the applicant's ownership interest in the business commenced.

Date applicant acquired majority ownership: The date is when the 51% majority ownership of the business by the MBE or WBE occurred. Corporations, LLC's and LLP may support this date by the articles of incorporation, by-

5. To add your recent three years of **GROSS RECEIPTS**, click on **ADD NEW RECORD**. Enter the **YEAR** and total of **GROSS RECEIPTS**. Click on **INSERT**. Repeat these steps until all three years have been enter.



Gross receipts for the most recent three (3) years: *

Year	Gross Receipts
Year: <input type="text"/>	Gross Receipts: <input type="text"/>
Insert Cancel	
No records to display.	
+ Add new record Refresh	

6. Once completed with all Business information click on **SAVE**

7. Click on the **CODES TAB**. Click the link **SELECT NIGP CODES**.

Standard Industrial Classification Codes (Maximum of 10 codes each):

Use the links provided next to NIGP and NAICS Codes to select applicable codes for the business (at least one code must be entered for each). ***Once your application has been submitted, you can not change/update any of the codes without prior approval by contacting a certification consultant at 608-267-9550 or wisdpwebapplication@wi.gov***

NIGP Codes * [Select NIGP Codes](#)

NIGP Code	NIGP Description
No records to display.	

NAICS Codes * [Select NAICS Codes](#)

NAICS Code	NAICS Description
No records to display.	

NAICS and NIGP Codes selected should represent the type of business function that the firm has the capacity to perform at the time of application.

* - Indicates a required field

To Select one or more NIGP Codes expand the Categories and select the desired code(s) and click the Apply button.
To Search for a code enter the Description and/or Code in the first row and hit enter or click the search icon.

Description	Code
fire	

Category: BUILDING CONSTRUCTION SERVICES, NEW
Category: BUILDING MAINTENANCE, INSTALLATION AND REPAIR SERVICES
Category: BUILDINGS AND STRUCTURES: FABRICATED AND PREFABRICATED
Category: CONSTRUCTION SERVICES, GENERAL
Category: CONSULTING SERVICES
Category: ELECTRICAL CABLES AND WIRES (NOT ELECTRONIC)
Category: ENGINEERING SERVICES, PROFESSIONAL
Category: EQUIPMENT MAINTENANCE, RECONDITIONING, AND REPAIR SERVICES - GENERAL EQUIPMENT
Category: FIRE PROTECTION EQUIPMENT AND SUPPLIES

<input type="checkbox"/> Brackets, Clamps and Holders for Fire Fighting Equipment	34006
<input type="checkbox"/> Breathing Equipment for Firemen	34007
<input type="checkbox"/> Cabinets and Covers (For Fire Extinguishers, Fire Hose and Racks, Valves, etc.)	34008
<input type="checkbox"/> Chemicals, Fire Retardant (Used to Make Various Materials Fire Retardant)	34010
<input type="checkbox"/> Candles, Fire Hose	34012
<input type="checkbox"/> Fire Alarm Systems, Power Sirens, and Controls	34016

Apply Cancel

SelectNigp.aspx

8. Click the check box next to the **NIGP CODES** you wish to use. Click on **APPLY**
9. Click on the link **SELECT NAICS CODES**.
10. Click on the check box next to the **NAICS CODES** you wish to use. Click on **APPLY**

To Select one or more NAICS Codes expand the Categories and select the desired code(s) and click the Apply button.
To Search for a code enter the Description and/or Code in the first row and hit enter or click the search icon.

Description	Code
fire	

Category1: Public Administration; Category2: Justice, Public Order, and Safety Activities; Category3: Justice, Public Order, and Safety

<input checked="" type="checkbox"/> Fire Protection	922160
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Apply Cancel

11. Click on the **CUSTOMERS** tab. You must list three customers of the business. Click on **ADD NEW RECORD**

The screenshot shows the 'CUSTOMERS' tab selected in the left sidebar. The main area displays a table titled 'List three largest or Principal Customers/Accounts/Contracts/Projects: *'. Below the table is a form to 'Add new record'. The form fields are: Customer Name, Address, City, State, Zip, and Phone. A message states 'No records to display.' and 'WBE Applications: You must have at least 1 WI customer reference.' A red arrow points to the 'Add new record' button. Another red arrow points to the 'Insert' button in the form. A third red arrow points to the 'Customers' tab in the sidebar.

Customers

Accounts/Services
Ownership/Management
Other Certifications
Other Information
Verify
Upload Documents

Customers

Accounts/Services
Ownership/Management
Other Certifications
Other Information
Verify
Upload Documents

List three largest or Principal Customers/Accounts/Contracts/Projects: *

Use 'Add new record' to enter names and contact information of 3 customers of the business.

+ Add new record Refresh

Customer Name	Address	City	State	Zip	Phone
No records to display.					

WBE Applications: You must have at least 1 WI customer reference.

* - Indicates a required field

+ Add new record Refresh

Customer Name	Address	City	State	Zip	Phone
Name:*	Street Address:*	City:*	State:*	Zip:*	Phone:*

Insert **Cancel**

No records to display.

WBE Applications: You must have at least 1 WI customer reference.

* - Indicates a required field

12. Enter the **CUSTOMER** information and click on **INSERT** to save the information and have it displayed. Repeat this step until three customers appear in this section.
13. Click on the **ACCOUNTS/SERVICES** tab. You must list at least the bank information for the business. Click on **ADD NEW RECORD** and enter the appropriate information. Click on **INSERT** to have that information be displayed. Repeat this step for accounting and legal services information if necessary..

The screenshot shows the 'ACCOUNTS/SERVICES' tab selected in the left sidebar. The main area displays a table titled 'List your Banking*, Accounting, and Legal Services:'. Below the table is a form to 'Add new record'. The form fields are: Service Type, Name, Address, City, State, Zip, and Phone. A message states 'No records to display.' and '* - Indicates a required field'. A red arrow points to the 'Add new record' button. Another red arrow points to the 'Insert' button in the form. A third red arrow points to the 'Accounts/Services' tab in the sidebar.

Accounts/Services

Ownership/Management
Other Certifications
Other Information
Verify
Upload Documents

Accounts/Services

Ownership/Management
Other Certifications
Other Information
Verify
Upload Documents

List your Banking*, Accounting, and Legal Services:

Use 'Add new record' to enter names and contact info of the entities that provide banking, accounting and legal services for the business (must enter at least the bank information).

+ Add new record Refresh

Service Type	Name	Address	City	State	Zip	Phone
No records to display.						

* - Indicates a required field

+ Add new record Refresh

Service Type	Name	Address	City	State	Zip	Phone
Service Type:*	Name:*	Street Address:*	City:*	State:*	Zip:*	Phone:*

Insert **Cancel**

No records to display.

* - Indicates a required field

Use the 'Add new record' in each section on this page to add the names of business owners and percentage of ownership, key decision makers and their roles, and board of directors (if applicable). *****Once your application has been submitted, you can not change/update the ownership information without prior approval by contacting a certification consultant*****

Owners*:

+ Add new record Refresh

Name	Ownership %	City	State	Zip	Phone
No records to display.					

Management*:

+ Add new record Refresh

Manager Name	Role	Title
No records to display.		

Directors:

+ Add new record Refresh

Director Name	Title
No records to display.	

* - Indicates a required field

- Certification** Please add any other MBE and/or WBE certifications this business has from any other agency:

Business Information Use 'Add new record' to enter any other certifications held by the business.

Codes

Customers

Accounts/Services

Ownership/Management

Other Certifications

Other Information

Verify

Upload Documents

19. Enter the appropriate information and click on **INSERT** to save the information and have it displayed

Certification

Business Information

Codes

Customers

Accounts/Services

Ownership/Management

Other Certifications

Other Information

Verify

Upload Documents

Please add any other MBE and/or WBE certifications this business has from any other agency:

Use 'Add new record' to enter any other certifications held by the business.

+ Add new record

Refresh

Agency Name	DBE Agency?	Date Certified	Expiration Date
Organization Name:*	DBE Organization?: <input type="checkbox"/>	Certification Date:*	Expiration Date:*
<div><div>Insert</div><div>Cancel</div></div>			

No records to display.

Disadvantaged Business Enterprise (DBE): Agencies defined as DBE certifying agencies are: Wisconsin Dept of Transportation, Milwaukee County, Dane County, and City of Madison. If you are currently DBE certified by one of these agencies, please contact us directly at 608-267-9550 before proceeding further with the application. You may be eligible for a streamlined certification process.

* - Indicates a required field

20. Click on the **OTHER INFORMATION** tab.

Certification	Use the 'edit' button to enter current number of employees (or check the box if there are no changes). Use the 'edit' button at the bottom of the page to answer the remaining questions about the business.
Business Information	
Codes	Annual size of current employee workforce (Including working owners). MBE certification applicants complete c) and d).
Customers	
Accounts/Services	a. Total full-time employees: 0
Ownership/Management	b. Total part-time employees: 0
Other Certifications	c. Total full-time minority employees: 0
Other Information	d. Total part-time minority employees: 0
Verify	Edit
Upload Documents	

Has the business or owner applied for reorganization under Chapter 11 and/or liquidation under Chapter 7 within the last three years?

☒ No ☐ Yes If Yes, please provide a brief explanation as to circumstances surrounding bankruptcy:

2. If the business is a corporation, LLC, or partnership, please list the following information:

a) Total shares/units authorized:

b) Total shares/units issued to date:

c) Are there any restrictions that limit the voting rights of ethnic minority or women group members, who are shareholders, within the By-laws or Articles of Incorporation, or any other documents?

☒ No ☐ Yes If Yes, please provide a brief explanation as to the restrictions:

3. Does the business have any agreements, written or oral, or regular working arrangements with any other firm?

☒ No ☐ Yes If Yes, describe the agreement or working arrangement:

4. Is any owner or board member of the business an owner or former owner of another firm engaged in the same or similar type of enterprise?

☒ No ☐ Yes If Yes, describe the same or similar enterprise:

5. Is any owner or board member of the business employed by any other firm?

☒ No ☐ Yes If Yes, describe the same or similar enterprise:

6. Does any board member of the business own or work for other firms which have a relationship with the business?

☒ No ☐ Yes If Yes, list the other firms:

7. Has the owner of the business been rejected for certification by anyone?

☒ No ☐ Yes If Yes, list the name of the certification below and the date rejected:

[Edit](#)

21. Click the **EDIT** button to enter the number of employees.

22. Click on **SAVE** to save the information and have it displayed.

23. Click the **EDIT** button at the bottom of this page to answer the remaining questions.

24. Click on **SAVE** to save the information and have it displayed.

25. Click on the **VERIFY/SUBMIT** tab. Click on the **VERIFY/SUBMIT APPLICATION** link

Certification	Current Application and Status of Certifications 7345 Print Application				
Business Information	Use the 'verify/submit application' link to review the application and submit once all sections are complete.				
Codes					
Customers					
Accounts/Services					
Ownership/Management					
Other Certifications					
Other Information	Verify/Submit Application				
Verify	* - Indicates a required field				
Upload Documents					

Certification Type	Application Date	Expiration Date	Status	Comments
WBE		4/19/2017	New/Not Submitted	

26. This brings up the **VALIDATION SUMMARY** screen. This screen tells you if there any sections of the application that are incomplete. ***Please return to any sections indicated on this page that are missing information and complete the section.***

Wisconsin Minority Business

VALIDATION SUMMARY

All required fields must be entered before your application is complete.

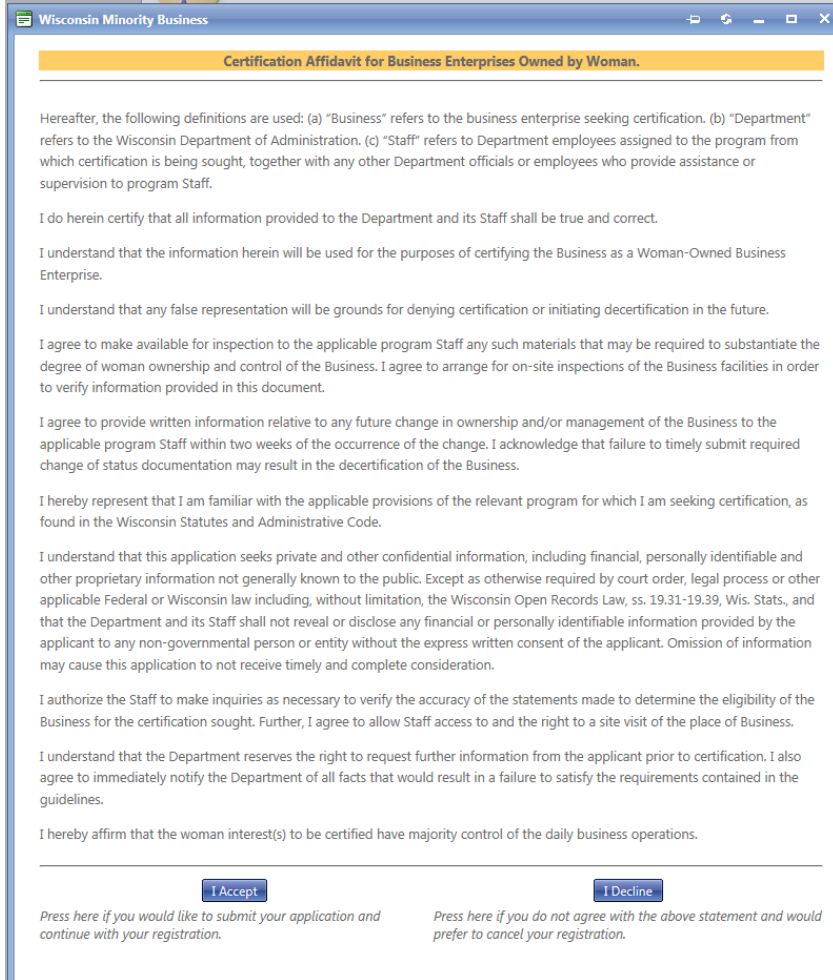
Tab Location	Required Field	Complete
BUSINESS INFORMATION Tab	Legal Structure must be selected.	<input checked="" type="checkbox"/>
BUSINESS INFORMATION Tab	Type Of Business must have at least one value.	<input checked="" type="checkbox"/>
BUSINESS INFORMATION Tab	Type Of Business (Total of all types entered must equal 100%)	<input checked="" type="checkbox"/>
BUSINESS INFORMATION Tab	Date Business was Established	<input checked="" type="checkbox"/>
BUSINESS INFORMATION Tab	Date current owner acquired majority ownership	<input checked="" type="checkbox"/>
BUSINESS INFORMATION Tab	Gross Receipts (At least one year must be entered.) Gross Receipts (Previous year must be entered.)	<input checked="" type="checkbox"/>
CODES Tab	NIGP Codes (Must have at least one.)	<input checked="" type="checkbox"/>
CODES Tab	NAICS Codes (Must have at least one.)	<input checked="" type="checkbox"/>
CUSTOMERS Tab	Customer References (A minimum of three is required.)	<input checked="" type="checkbox"/>
ACCOUNTS/SERVICES Tab	Service Type (Must have at least one Bank.)	<input checked="" type="checkbox"/>
OWNERSHIP/MANAGEMENT Tab	An Ownership record is required.	<input checked="" type="checkbox"/>
OWNERSHIP/MANAGEMENT Tab	All of the management decisions required except Union Negotiations.	<input checked="" type="checkbox"/>
OTHER INFORMATION Tab	Workforce is required for all certifications.	<input checked="" type="checkbox"/>
OTHER INFORMATION Tab	Question 1 - Yes/No required. If YES comments are required.	<input checked="" type="checkbox"/>
OTHER INFORMATION Tab	Question 4 - Yes/No required. If YES comments are required.	<input checked="" type="checkbox"/>
OTHER INFORMATION Tab	Question 5 - Yes/No required. If YES comments are required.	<input checked="" type="checkbox"/>
OTHER INFORMATION Tab	Question 6 - Yes/No required. If YES comments are required.	<input checked="" type="checkbox"/>
OTHER INFORMATION Tab	Question 7 - Yes/No required. If YES comments are required.	<input checked="" type="checkbox"/>
OTHER INFORMATION Tab	Question 8 - Yes/No required. If YES comments are required.	<input checked="" type="checkbox"/>

Congratulations! You have completed all of the necessary requirements to submit your application.

[Submit Certification](#) [Print Window](#)

CertSummary.aspx?CTYP=WBE&WBEID=e9ca05f0-f444-e511-80df-0050568c1019&DVBIID=

27. Once all sections of the application are complete, click **SUBMIT CERTIFICATION** at the bottom of the validation summary page. This will take you to the **CERTIFICATION AFFIDAVIT**, where you should read the information and click **ACCEPT**.



Wisconsin Minority Business

Certification Affidavit for Business Enterprises Owned by Woman.

Hereafter, the following definitions are used: (a) "Business" refers to the business enterprise seeking certification. (b) "Department" refers to the Wisconsin Department of Administration. (c) "Staff" refers to Department employees assigned to the program from which certification is being sought, together with any other Department officials or employees who provide assistance or supervision to program Staff.

I do herein certify that all information provided to the Department and its Staff shall be true and correct.

I understand that the information herein will be used for the purposes of certifying the Business as a Woman-Owned Business Enterprise.

I understand that any false representation will be grounds for denying certification or initiating decertification in the future.

I agree to make available for inspection to the applicable program Staff any such materials that may be required to substantiate the degree of woman ownership and control of the Business. I agree to arrange for on-site inspections of the Business facilities in order to verify information provided in this document.

I agree to provide written information relative to any future change in ownership and/or management of the Business to the applicable program Staff within two weeks of the occurrence of the change. I acknowledge that failure to timely submit required change of status documentation may result in the decertification of the Business.

I hereby represent that I am familiar with the applicable provisions of the relevant program for which I am seeking certification, as found in the Wisconsin Statutes and Administrative Code.

I understand that this application seeks private and other confidential information, including financial, personally identifiable and other proprietary information not generally known to the public. Except as otherwise required by court order, legal process or other applicable Federal or Wisconsin law including, without limitation, the Wisconsin Open Records Law, ss. 19.31-19.39, Wis. Stats., and that the Department and its Staff shall not reveal or disclose any financial or personally identifiable information provided by the applicant to any non-governmental person or entity without the express written consent of the applicant. Omission of information may cause this application to not receive timely and complete consideration.

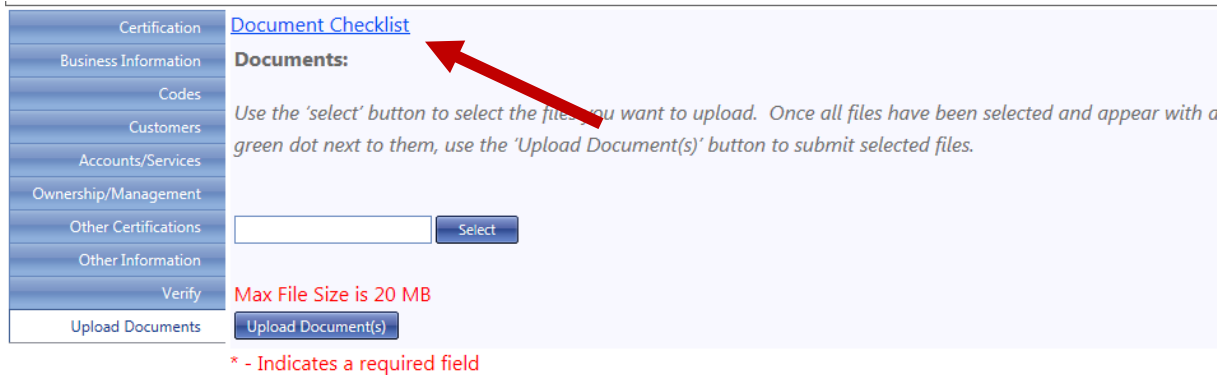
I authorize the Staff to make inquiries as necessary to verify the accuracy of the statements made to determine the eligibility of the Business for the certification sought. Further, I agree to allow Staff access to and the right to a site visit of the place of Business.

I understand that the Department reserves the right to request further information from the applicant prior to certification. I also agree to immediately notify the Department of all facts that would result in a failure to satisfy the requirements contained in the guidelines.

I hereby affirm that the woman interest(s) to be certified have majority control of the daily business operations.

Press here if you would like to submit your application and continue with your registration. *Press here if you do not agree with the above statement and would prefer to cancel your registration.*

28. Click on the **UPLOAD DOCUMENTS** tab. To review the document checklist, click on the link provided.



Certification [Document Checklist](#)

Business Information **Documents:**

Codes

Customers

Accounts/Services

Ownership/Management

Other Certifications

Other Information

Verify

Upload Documents

Use the 'select' button to select the files you want to upload. Once all files have been selected and appear with a green dot next to them, use the 'Upload Document(s)' button to submit selected files.

Max File Size is 20 MB

* - Indicates a required field

29. To choose your documents, click on the **SELECT** button. Repeat this step. Once you are finished selecting your documents you must click on the **UPLOAD DOCUMENTS** button for them to be uploaded to the system.

THIS COMPLETES THE SUBMISSION OF YOUR NEW APPLICATION