

Wisconsin Supplier Diversity Program

Recertification Instructions

1. Log into the Wisconsin Supplier Diversity using your log on.



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

For Recertification/Annual Updates: [Log In](#)
[Instructions for New Application](#)
[Instructions for Recertification](#)
[Instructions for Annual Update](#)

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WELCOME TO THE WISCONSIN SUPPLIER DIVERSITY PROGRAM - BUSINESS CERTIFICATIONS

Search Certified Suppliers Database
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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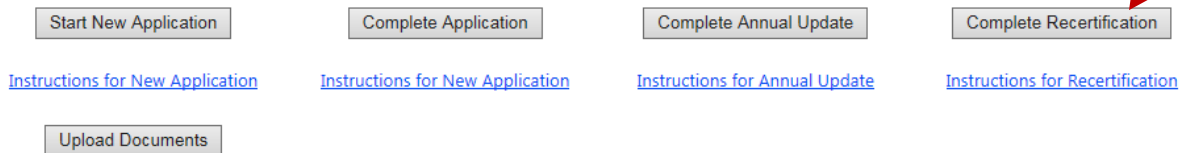
Eligibility

- 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. Once logged in, select **COMPLETE RECERTIFICATION** and please verify that the business contact information and name listed is correct.



Start New Application Complete Application Complete Annual Update Complete Recertification

[Instructions for New Application](#) [Instructions for New Application](#) [Instructions for Annual Update](#) [Instructions for Recertification](#)

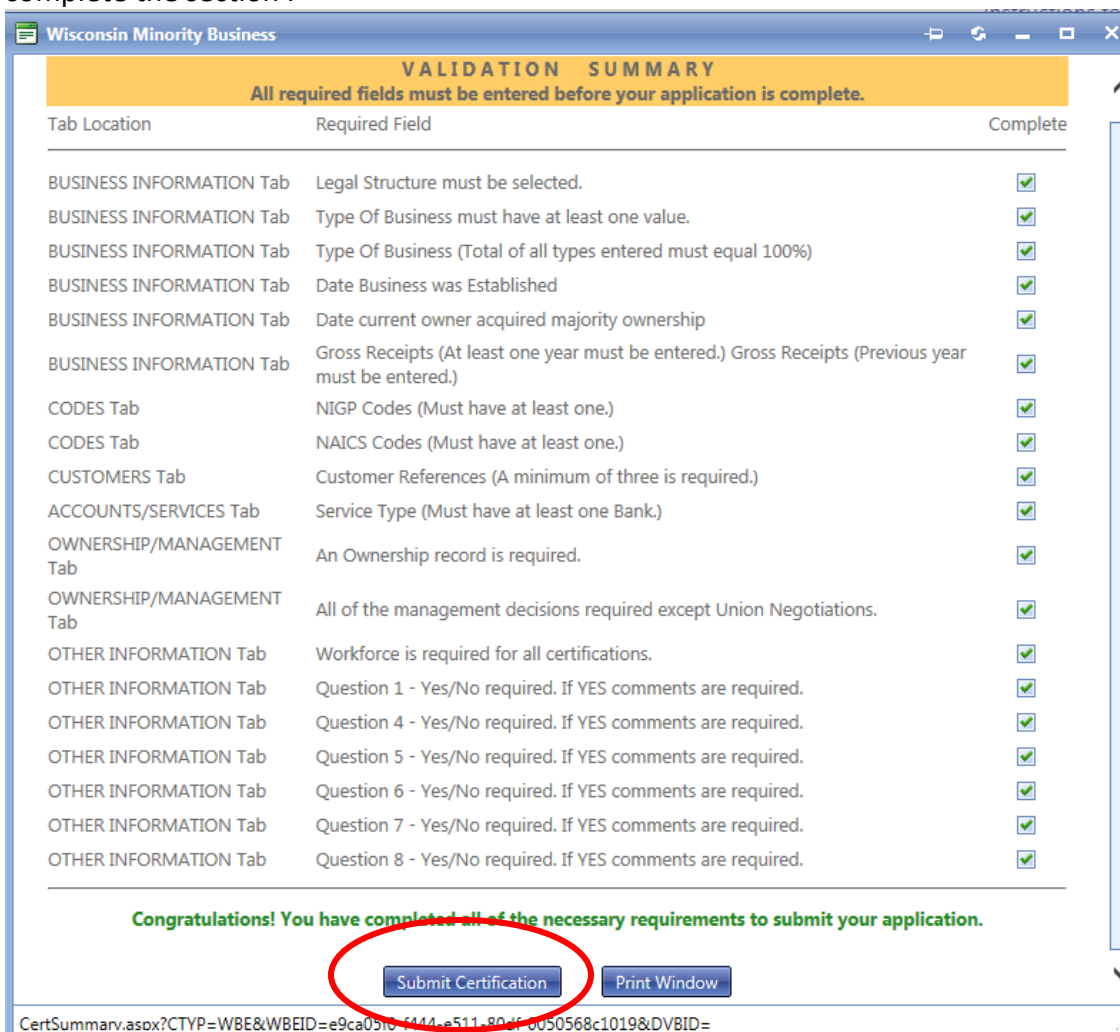
Upload Documents

*Note: Supporting documentation will be required with your application. To view the list of required documents click here, [Document Checklist](#)

- Use the “Edit” buttons to change any contact or business information that is incorrect.



- You will come to the **VALIDATION SUMMARY** screen. This will show you which sections of the application are incomplete. Please return to any sections indicated on this page that are missing information and complete the section .



5. After you have completed all sections, click the **SUBMIT CERTIFICATION** button at the bottom of the validation summary page. This will take you to the **CERTIFICATION AFFIDAVIT**, where you should read the information and click the **I ACCEPT** button.

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.

I Accept **I Decline**

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.

6. Once the above steps are completed, **you must submit the required recertification documents.**
- For WBE**, upload the following: Past 3 years business tax returns, most current business financials (Profit/Loss Statement and Balance Sheet), a check for the recertification fee of \$150 made payable to the Department of Administration and sent to Attn: WBE Certification, PO Box 7970, Madison, WI 53707, **and if you are an out-of-state company: proof of current home state WBE Certification will be required.**
 - For MBE**, upload the following: copies of three preceding years of business taxes, most current business financials (Profit/Loss Statement and Balance Sheet), **and if you are an out-of-state company: proof of current home state MBE Certification will be required.**
 - For DVB**, upload the following: copies of three preceding years of business taxes. Most current business financials (Profit/Loss Statement and Balance Sheet), and a check for the recertification fee of \$150 made payable to the Department of Administration and sent to Attn: DVB Certification, PO Box 7970, Madison, WI 53707.

This will complete the submission of your recertification application.