State of New Jersey
New Jersey Department of the Treasury
Division of Revenue and Enterprise Service
Uniform Certification Service
Benefits of Applying Online

• Enables users to complete all filings for all designations, upload all required documentation, submit annual verification, check status, get duplicate certificate, and to securely pay associated fees in a single, integrated environment.

• Virtually eliminates the need for trips to the filing office.

• Provides access almost any hour of the day.

• Reduces overall transaction costs, no need for couriers, extra copies, mailing, and expenses associated with paper delivery and pick up.

• If the applicant company applies for multiple designations in the same online session, the total application fee will be $105.

http://www.njportal.com/dor/sberegistry/
Welcome to New Jersey’s Business Enterprise Programs - Uniform Certification Service. You may use this service to apply for certifications in any of the following programs:

- Small Business Enterprise (SBE)
- Minority/Woman-Owned Business Enterprise (MWBE)
- Veteran Owned Enterprise (VOB)
- Disabled Veteran-Owned Business Enterprise (DVOB)

To access the service, you will first need to create a login account. You will also need to enter the first 9 digits of your New Jersey Tax/Employer Identification Number (9 digits) and the Business Name Control® (first four characters of your business name). You will not be able to complete the Uniform Certification application unless you are properly registered for State tax/employer purposes. If you need to register for State tax/employer purposes, CLICK HERE.

Once you are certified, you will receive electronic reminders about filing to maintain your certification(s) and you will be able to return here to file for re-certification.

New System Features:
- Allows for direct access to register and maintain their certification with the New Jersey Business Enterprise Programs.
- Enables users to complete all filing, get duplicate certificates, and to securely pay any application fees in a simple online process.
- Virtually eliminates the need for trips to the filing office.
- Provides access at almost any hour of the day.
- Reduces overall transaction costs—no need for couriers, extra copies, mailings and expenses associated with paper delivery and pick-up.
- In many cases, provides instantaneous and reliable results thus greatly reducing the transaction processing cycle.
If you do not already have a MyNewJersey Account click on Create Account
Please Answer the Following:

Do you have a myNewJersey Logon ID?
- Yes
- No

Please Provide the Following:

Choose a myNewJersey Logon ID *

Choose a myNewJersey Password *

Retype the Password *

Choose a Challenge Question *

Choose a Challenge Answer *

Forgot Your ID or Password?
If you already have a myNewJersey logon ID, more information is available when you answer "Yes" at left.

Why Do I Need a myNewJersey Logon ID?
Here are answers to common questions.
If you already have a MyNewJersey Account

Log in to myNewJersey

Login ID:
Forgot your login ID?

Password:
Forgot your password?

Log In

Don't have a myNewJersey account?
Sign Up

Need help?
Access Details

I understand that it is my responsibility to ensure that the business linked with this account is properly registered with the State of New Jersey. I also understand that the State of New Jersey may verify my application and, if it is found that any information relative to the same is inaccurate, the State of New Jersey may void the application. There will be no refund of any filing fee.

☐ I agree with the above statement.

Business Name *

Enter the first four characters of your business name or trade name. If the business name is less than 4 characters, finish the field with hyphens (-). Do NOT enter spaces, slashes or any other special characters except an ampersand (&) or the hyphen (-).

State Tax/Employer ID Number or Social Security Number *

(The number you used to register for taxes. This will typically be your Employer Identification Number. Please enter only numeric values, no hyphens or special characters.)

Continue →
Uniform Certification Service

Thank you for setting up your account. You may now use this service to apply for the following certifications:

- Small Business Enterprise (SBE)
- Minority/Woman-Owner Business Enterprise (MWBE)
- Veteran Owned Business Enterprise (VOB)
- Disabled Veteran-Owned Business Enterprise (DVOB)

**Certificate Application**

- **Certificate**
  - SBE: Approved
  - MWBE: Revoked

- **Current Status**
  - SBE: Approved
  - MWBE: Revoked

- **Annual Verification**
  - SBE: 6/27/2020
  - MWBE: N/A

- **Renewal**
  - SBE: 6/27/2021
  - MWBE: N/A

- **Actions**
  - Get Certificate

**Certification Types and Required Documents**

Select certifications to see documents you will be required to submit during the application process. You may apply for any certifications that you qualify for.

- (SBE) Small Business Enterprise
- (MBE) Minority Owned Business Enterprise
- (WBE) Women Owned Business Enterprise
- (WMBE) Women & Minority Owned Business
- (VOB) Veteran Owned Business
- (DVOB) Disabled Veteran Owned Business
Answer the following questions to determine the classifications for which your business is qualified to apply. You will be asked to provide additional information after you complete this screen.

Check all that apply to your business.

**Qualifications**

- □ The ownership of this firm was gifted to the current owner(s).
- □ This business has been previously denied for Small Business, Minority and/or Woman-Owned Business, or Veteran or Disabled Veteran-Owned Business Enterprise.

- □ The business is independently owned and operated.
- □ The majority of the owners are NJ residents.
- □ The principal place of business is in NJ.
- □ The company has office lease/rental agreements or deeds, or is home-based, mortgage(s).

- □ The business has a minimum of $1 gross sales in NJ or $51 full-time employees located in NJ. (Exclude part-time employees and consultants.)

- □ At least 51% of the company is owned by a minority person(s) as defined in NJSA 52:27H-21.8.
- □ At least 51% of the company is owned by a woman person(s) as defined in NJSA 52:27H-21.7.

- □ At least 51% of the company is owned by a United States Honorably Discharged Veteran or a veteran who was released under honorable circumstances, and who served in any branch of the Armed Forces of the United States or a Reserve component thereof for at least 90 days according to the US Department of Veteran Affairs.

- □ At least 51% of the company is owned by a person(s) with Disabled Veteran Status according to the US Department of Veteran Affairs.

[Continue]
Congratulations, you are eligible to apply for the following classifications. Check all that you wish to apply for.

The total application fee is $100 for all certifications except for Disabled Veteran Owned Business (DVOB) certifications. If you apply for DVOB certification only, there is no fee.

- Disabled Veteran Owned Business
- Minority Business Enterprise
- Minority Women Business Enterprise
- Veteran Owned Business
- Women Business Enterprise
- Applied - Small Business Enterprise
Select Certifications

Congratulations, you are eligible to apply for the following classifications. Check all that you wish to apply for.
The total application fee is $100 for all certifications except for Disabled Veteran Owned Business (DVOB) certifications. If you apply for DVOB certification only, there is no fee.

☑ Disabled Veteran Owned Business
☑ Minority Business Enterprise
☑ Minority Women Business Enterprise
☑ Veteran Owned Business
☑ Women Business Enterprise

Applied - Small Business Enterprise

The fee for this application will be $100

Upload Documentation

As part of the filing you are required to provide the documents below. You can upload multiple files for each requirement. Please check off each required document to confirm their upload.

☐ Notarized statement attesting to the truthfulness of all information and documents submitted with this application. Only the signature of the owner or president of a corporation is acceptable. For a partnership, only a General Partner may sign. The signature of a Limited Partner is not acceptable. For an LLC, the managing member must sign.

☐ Resumes of all principals, partners, officers and/or key employees of the firm. Must include home address, phone number, education, training, and employment dates.

☐ Corporation By-Laws or Operating (Partnership) Agreement.

☐ Applicant company’s Federal and State tax returns for the last 3 years, including all schedules. If the company is a Schedule C filer, only provide Schedule C.

☐ Proof of Honorable Discharge from the US Military form DD-214. (Provide for Majority owner(s) )

☐ Federal Service Disabled Veteran-Owned Business Determination Letter, Disability Award Letter or Federal Service Disabled Veteran Letter (Provide for Majority owner(s) )

☐ If applicable, include copies of office lease/rental agreements, deeds, property tax bill or mortgage statement when home based.

☐ Proof of ethnicity for Majority owners. (Government issued photo ID)

☐ Proof of Gender for Majority owners. (Government issued photo ID)

Add New Documents

Supported file types - PDF, JPG, JPEG, PNG, TIF and TIFF with minimum size limit of 1MB.

Submit
Upload Documentation

As part of the filing you are required to provide the documents below. You can upload multiple files for each requirement. Please check off each required document to confirm their upload.

- Notarized statement attesting to the truthfulness of all information and documents submitted with this application. Only the signature of the owner or president of a corporation is acceptable. For a partnership, only a General Partner may sign. The signature of a Limited Partner is not acceptable. For an LLC, the managing member must sign.
- Resumes of all principals, partners, officers and/or key employees of the firm. Must include home address, phone number, education, training, and employment dates.
- Corporation By-Laws or Operating (Partnership) Agreement
- Applicant company's Federal and State tax returns for the last 3 years, including all schedules. If the company is a Schedule C filer, only provide Schedule C.
- Proof of Honorable Discharge from the US Military form DD-214. (Provide for Majority owner(s))
- Federal Service Disabled Veteran-Owned Business Determination Letter, Disability Award Letter or Federal Service Disabled Veteran Letter (Provide for Majority owner(s))
- If applicable, include copies of office lease/rental agreements, deeds, property tax bill or mortgage statement when home based.
- Proof of ethnicity for Majority owners. (Government issued photo ID)
- Proof of Gender for Majority owners. (Government issued photo ID)

Add New Documents

Support file types - PDF, JPG, JPEG, PNG, TIFF and TIF with maximum file size limit of 5MB.

- 1bacaa6996b4584e5d20e4d024c1f564.jpg 58.23 KB

Submit
Upload Documentation

As part of the filing you are required to provide the documents below. You can upload multiple files for each requirement. Please check off each required document to confirm their upload.

- Notarized statement attesting to the truthfulness of all information and documents submitted with this application. Only the signature of the owner or president of a corporation is acceptable. For a partnership, only a General Partner may sign. The signature of a Limited Partner is not acceptable. For an LLC, the managing member must sign.
- Resumes of all principals, partners, officers and/or key employees of the firm. Must include home address, phone number, education, training, and employment dates.
- Corporation By-Laws or Operating (Partnership) Agreement.
- Applicant company’s Federal and State tax returns for the last 3 years, including all schedules. If the company is a Schedule C filer, only provide Schedule C.
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- Federal Service Disabled Veteran-Owned Business Determination Letter, Disability Award Letter or Federal Service Disabled Veteran Letter (Provide for Majority owner(s)).
- If applicable, include copies of lease/rental agreements, deeds, property tax bill or mortgage statement when home based.
- Proof of ethnicity for Majority owners. (Government issued photo ID)
- Proof of Gender for Majority owners. (Government issued photo ID)

Add New Document

- File: 1bacaad595e4a484a5d20ad42b4c1564.jpg
  - Size: 58.23 KB

Submit
Business Name *

Trading As

Business Type *

Date Firm Established *
04/03/2003
Example: MM/DD/YYYY
Principal Place Of Business

Principal Place Address 1 *
123 ABC ST

Principal Place Address 2
SUITE 401

Principal Place City *
Edison

Principal Place State *
NEW JERSEY

Principal Place County *
Mercer

Principal Place Postal Code *
08620

☐ Mailing Address is different from the Principal Place of Address.
**Principal Place County**

Mercer

**Principal Place Postal Code**

[Box containing 08620]

- Mailing Address is different from the Principal Place of Address.

---

**Mailing Address**

Mailing Address needs to be entered only if it is different from the Principal Place of Business.

- Address 1
- Address 2
- City
- State
  - Select
- Postal Code

---

**Next**  **Back**  **x Cancel**
Contact Information

Please enter the primary contact for this business. This is the person the Division of Revenue would contact with any questions concerning this filing.

First Name *

Middle Initial

Last Name *

Salutation *

Position *

Phone *

Fax

E-Mail *

Firm Website
Revenue Information

Please provide your firm’s Gross Revenue for the last three complete tax years. If your firm has been in existence for less than 3 years, enter the amount(s) for applicable years.

<table>
<thead>
<tr>
<th>Tax Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Example: $999,999.00</td>
</tr>
<tr>
<td>2017</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Example: $999,999.00</td>
</tr>
<tr>
<td>2016</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Example: $999,999.00</td>
</tr>
</tbody>
</table>

Total Number of Full Time Employees including Owner(s) ^

[Next] [Back] [Cancel]
### Business Operations

Describe the firm's major business operation(s) (Max limit - 255 characters)*

Average Gross Revenue: $6,666.67

Please provide at least one code from the first section (NAICS code) and one code from the second section which includes Construction-related Craft Codes and Goods & Services Codes. After selecting a code, press the Add button on the right to save your selection.

#### NAICS Codes

<table>
<thead>
<tr>
<th>Enter Code</th>
</tr>
</thead>
</table>

North American Industrial Classification System (NAICS) Codes - 6 codes maximum  

Find Naics Codes

#### Business Codes

<table>
<thead>
<tr>
<th>Enter Code</th>
</tr>
</thead>
</table>

Construction-related craft codes (12 codes maximum)  

Find Construction Codes

<table>
<thead>
<tr>
<th>Enter Code</th>
</tr>
</thead>
</table>

Goods and Services Commodity Codes (12 codes maximum)  

Find Commodity Codes
I agree that the Gross Revenue Category as determined from the Revenue Amounts and Business Codes entered is Category A. For information about how this is calculated, refer to the appropriate FAQ answer.

Average Gross Revenue: $0.00

Please provide at least one code from the first section (NAICS code) and one code from the second section which includes Construction-related Craft Codes and Goods & Services Codes. After selecting a code, press the Add button on the right to Save your selection.

NAICS Codes

Enter Code

North American Industrial Classification System (NAICS) Codes - 6 codes maximum

522110 - Commercial Banking ($550.00M)
Additional Info

Check all that apply:

- [ ] Business has capital investors
- [ ] Business or owners have relationships with other businesses
- [ ] Business owns real property

List the name(s) on the signature cards for all financial institutions with which the firm has a relationship:

<table>
<thead>
<tr>
<th>Signer First Name*</th>
<th>M.I.</th>
<th>Signer Last Name*</th>
<th>Position*</th>
<th>Financial Institution*</th>
<th>Contact Number*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>-- Select One --</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Add]

[Continue] [Back] [x Cancel]
Additional Info

Check all that apply

☐ Business has capital investors

First Name*   M.I.   Last Name*   Amount Invested*

☐ Business or owners have relationships with other businesses

Owner First Name*   M.I.   Owner Last Name*   Business Name*

☐ Business owns real property

Description*   Address1*   Address2*   City*   State*   Zip*

List the name(s) on the signature cards for all financial institutions with which the firm has a relationship:

Signer First Name*   M.I.   Signer Last Name*   Position*   Financial Institution*   Contact Number*

Continue   Back   x Cancel
After Next Button is clicked you will go to the review page and then payment page.