

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/

Login

New User

Help

Business Enterprise Programs - Uniform Certification Service

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.

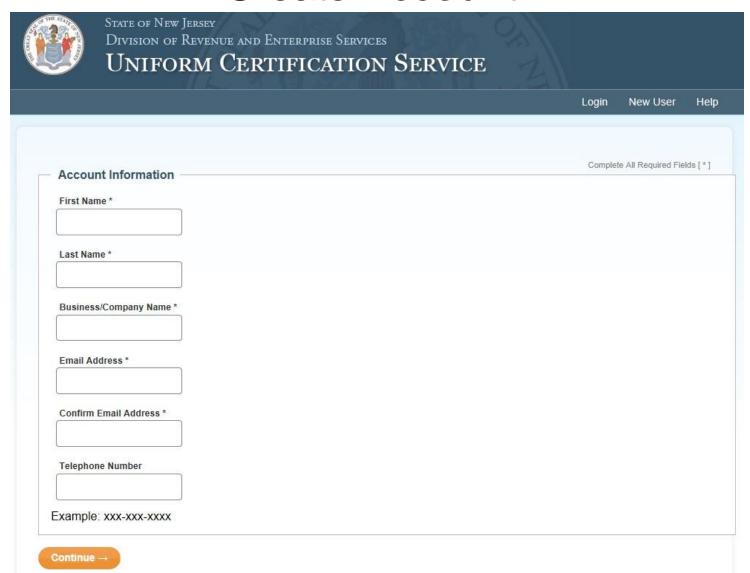
Once you are certified, you will receive electronic reminders about filing to maintain your certification(s) and you will be able to return here to file for re-certification.

Create an account →

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

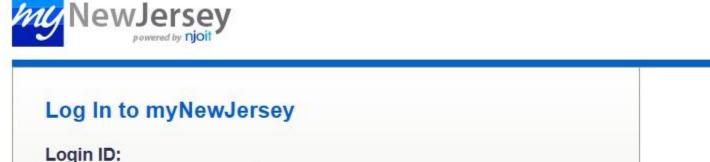


Identification myNewJersey Logon ID Payment Info Review Confirmation	
Link Treasury SBE EEO Services to Your NewJersey Logon ID	
Please Answer the Following: Do you have a myNewJersey Logon ID?	Forgot Your ID or Password? If you already have a myNewJersey logon ID, more
○ Yes ● No	information is available when you answer "Yes" at left. Why Do I Need a myNewJersey Logon ID?
Please Provide the Following: Choose a myNewJersey Logon ID*	Here are <u>answers</u> to common questions.
Choose a myNewJersey Password *	
Retype the Password *	
Choose a Challenge Question * Choose a Challenge Answer *	
Chicos a change Allower	

If you already have a MyNewJersey Account



Governor Phil Murphy • Lt. Governor Sheila Oliver NJ.gov | Services | Agencies | FAQs



Login ID:

Forgot your login ID?

Password:

Forgot your password?

Log In

Need help?

Don't have a myNewJersey account?

Sign Up



Welcome Jessica: logout | my account | auth code | layout | help

Treasury Links

Small Business Enterprise (SBE) Services

New Jersey Events





Locate Events | Travel & Tourism Home | Add an Event

Jessica Applegate (UCS ADMIN)

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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 filling 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 -

Jessica Applegate (UCS ADMIN)

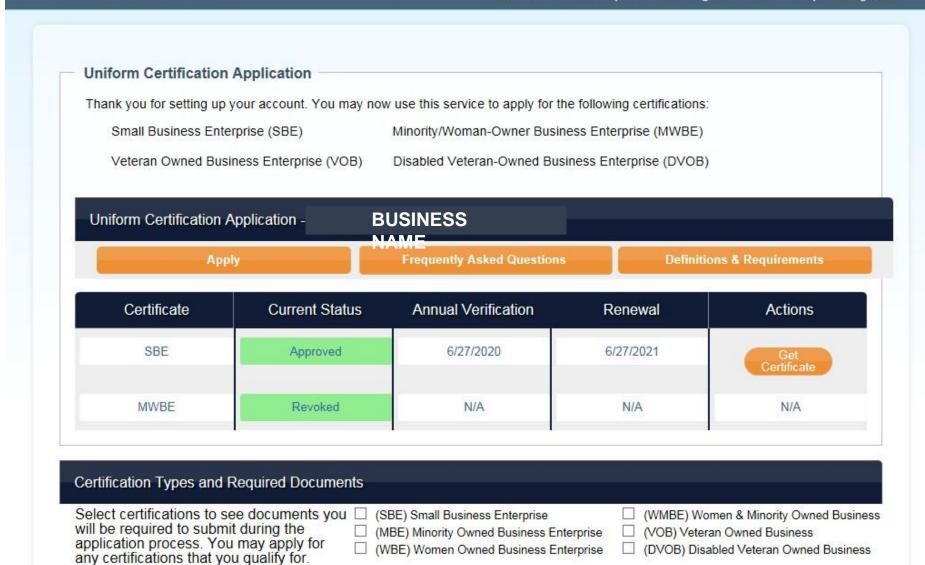
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Answer the following questions to determine the classifications for which your business is qualified to apply. You will be asked to provide additional information after you complete this screen

Check all that apply to your business

☐ 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-Ow Veteran-Owned Business Enterprise.	rned Business, or Veteran or Disabled
☐ 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 if home-based, mortgage(s)).
☐ The business has a minimum of 51% gross sales in NJ or 51% full-time employees located and consultants.)	d in NJ. (Exclude part-time employees
☐ 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 honorable circumstances, and who served in any branch of the Armed Forces of the United Storat 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 accord	ding to the US Department of Veteran



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Certificate Selection Business Address Contact Revenue C	Owner Operations	Attestation	Review	
neck all that apply to your business				
Select Certifications —				
Congratulations, you are eligible to apply for the following	☐ Disable	ed Veteran	n Owned Business	
classifications.	CONTRACTOR TO SERVICE CONTRACTOR		n Owned Business s Enterprise	
classifications. Check all that you wish to apply for.	☐ Minorit	ty Business		
classifications.	☐ Minorit	ty Business	s Enterprise Business Enterprise	
classifications. Check all that you wish to apply for. The total application fee is \$100 for all certifications except	☐ Minorit☐ Minorit☐ Vetera	ty Business ty Women in Owned E	s Enterprise Business Enterprise	

Business Address Contact Revenue Owner Operations Attestation Review Check all that apply to your business **Select Certifications** Congratulations, you are eligible to apply for the following ✓ Disabled Veteran Owned Business classifications. ✓ Minority Business Enterprise Check all that you wish to apply for. ☑ Minority Women Business Enterprise The total application fee is \$100 for all certifications except ✓ Veteran Owned Business for Disabled Veteran Owned Business (DVOB) certifications. If you apply for DVOB certification only, there ✓ Women Business Enterprise is no fee. 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) Supported file types - PDF, JPG, JPEG, PNG, TIFF and TIF with maximum file size limit of 5MB. Submit x Cancel

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)

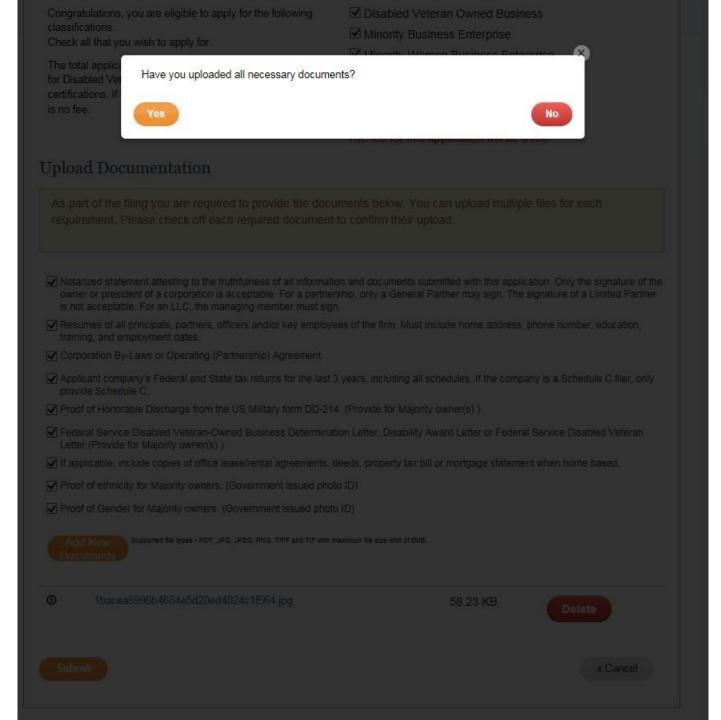
Add New Documents Supported file types - PDF, JPG, JPEG, PNG, TIFF and TIF with maximum file size limit of 5MB.

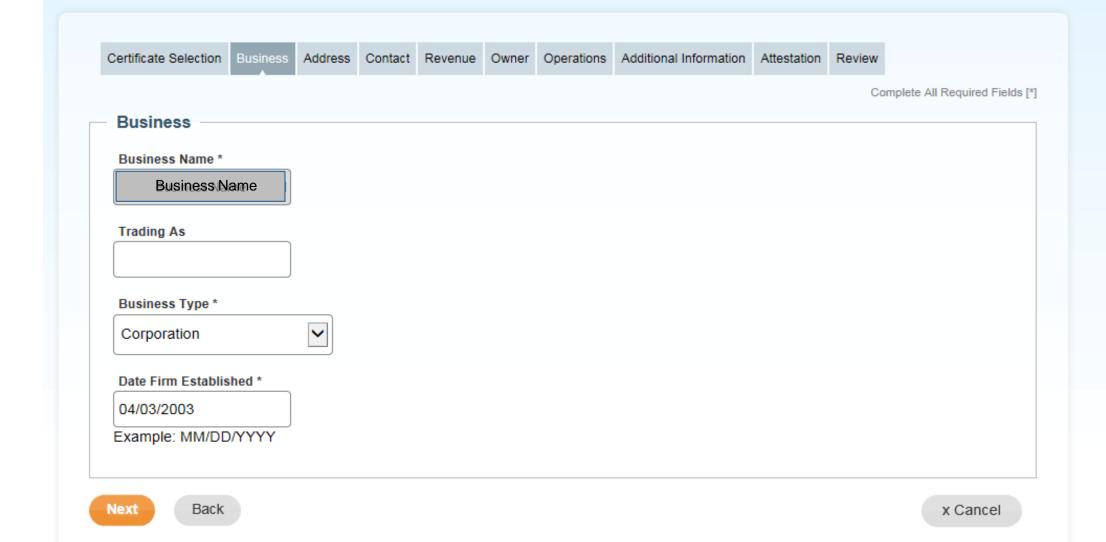
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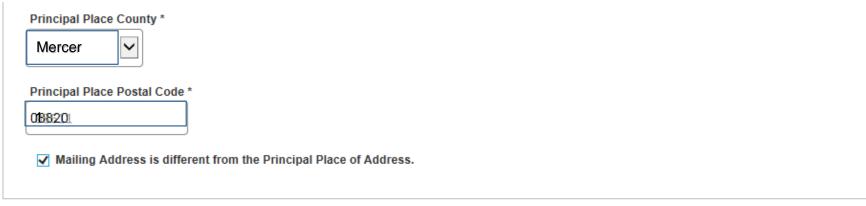
Delete

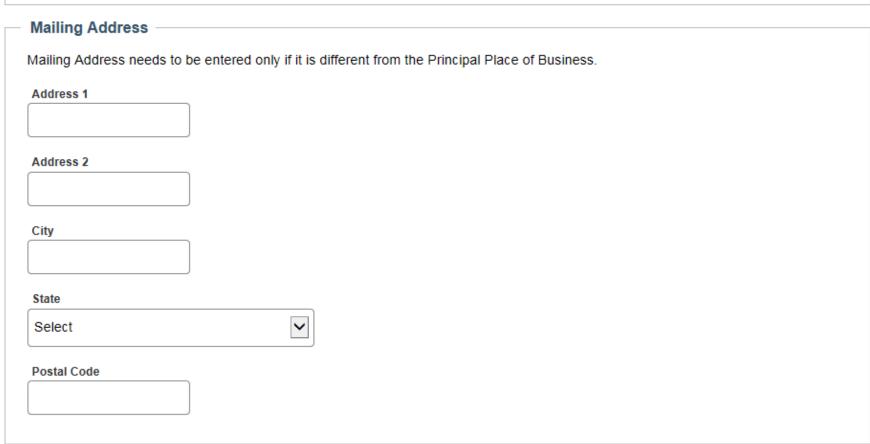
Submit





Certificate Selection Business Address Contact Revenue Owner Operations Additional Information Attestation Review Complete All Required Fields [*] **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 * 088201 ■ Mailing Address is different from the Principal Place of Address.





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Certificate Selection Business Address Contact Revenue Owner Operations Additional Information Attestation Review

Complete All Required Fields [*]

Diagon ontor the primary	contact for this husiness. This is the person the Division of Devenue would contact with any susstince
concerning this filing.	contact for this business. This is the person the Division of Revenue would contact with any questions
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Middle Initial	
_ast Name *	
Salutation *	
3141	
Position *	
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Certificate Selection Business Address Contact Revenue Owner Operations Additional Information Attestation Review Complete All Required Fields [*]

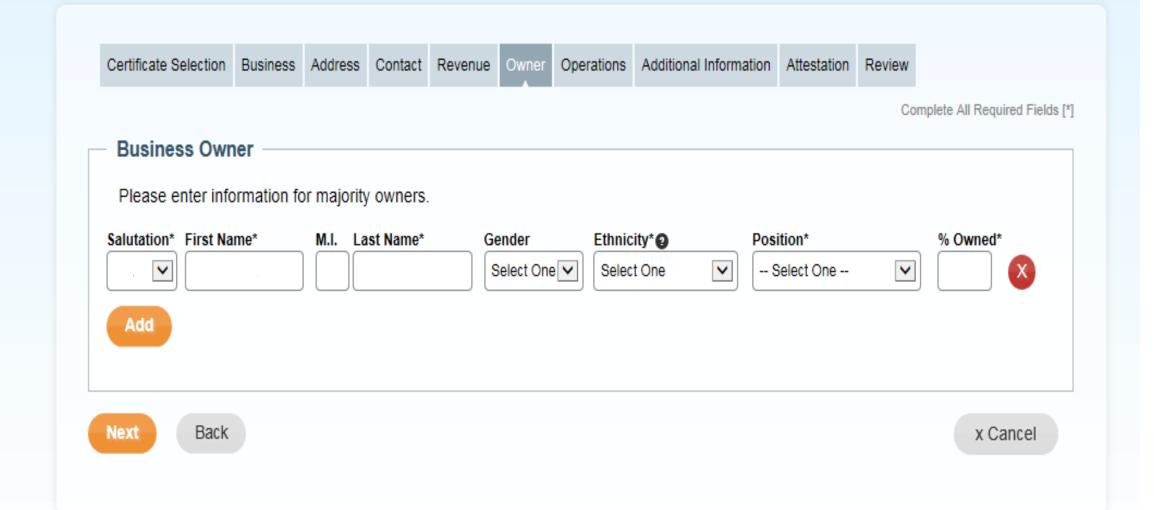
Revenue Information

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.

Tax Year	Amount
2018	
	Example: \$999,999.00
2017	
	Example: \$999,999.00
2016	
	Example: \$999,999.00

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

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									Co	omplete All Required
Business Ope	erations -									
Describe the firm	's major bu	isiness of	peration(s	s) (Max lin	nit -255	characters)	*			
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Average Gross	Revenue:	φ0,000.0) <i>(</i>							
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Division of Revenue and Enterprise Services

Uniform Certification Service

Jessica Applegate (UCS ADMIN

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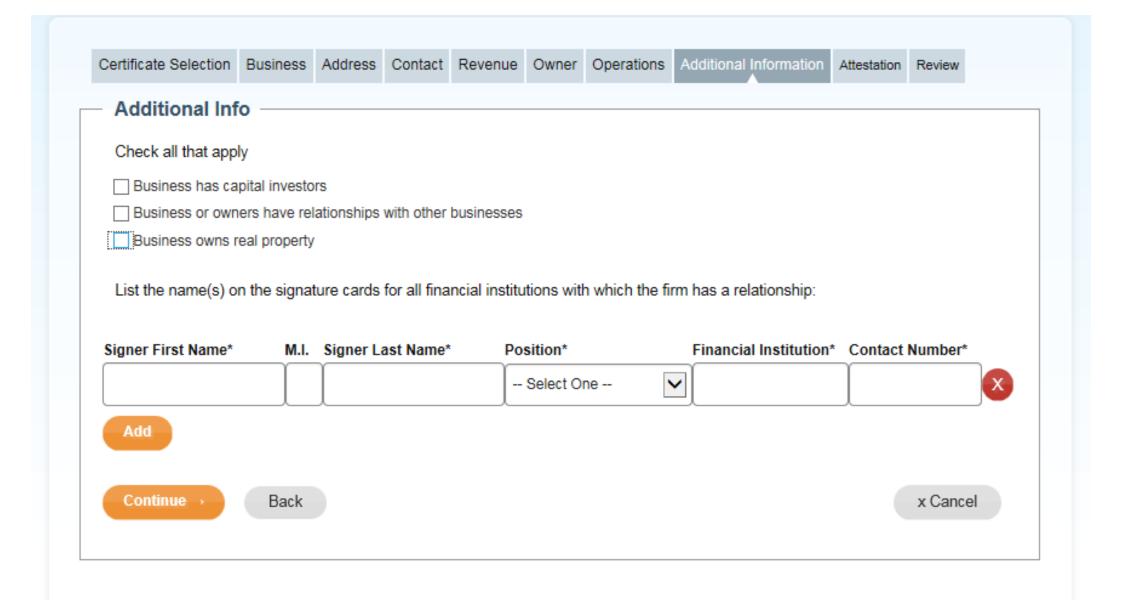
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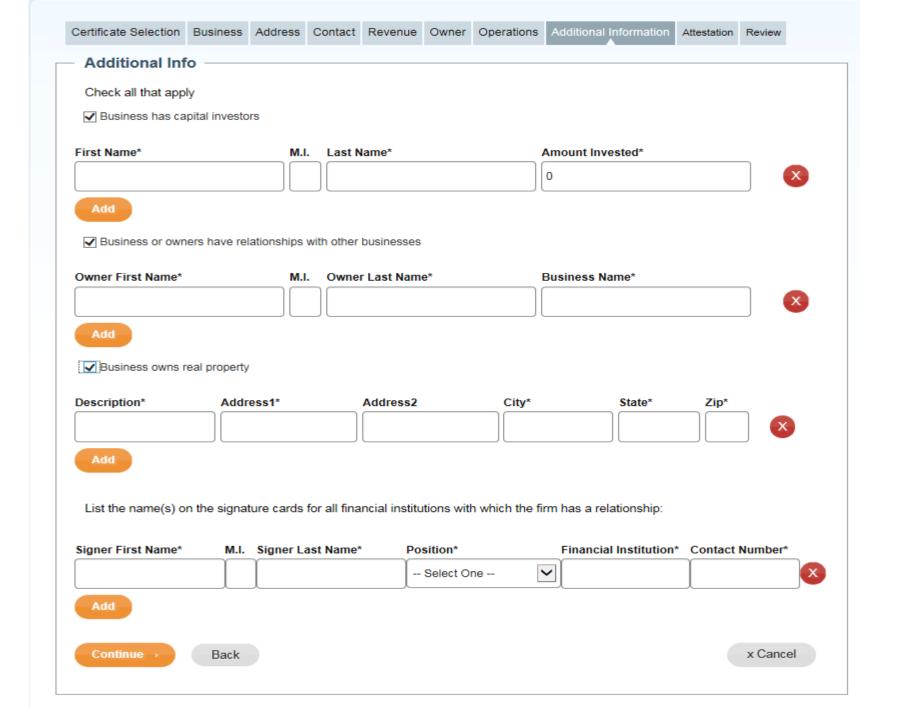
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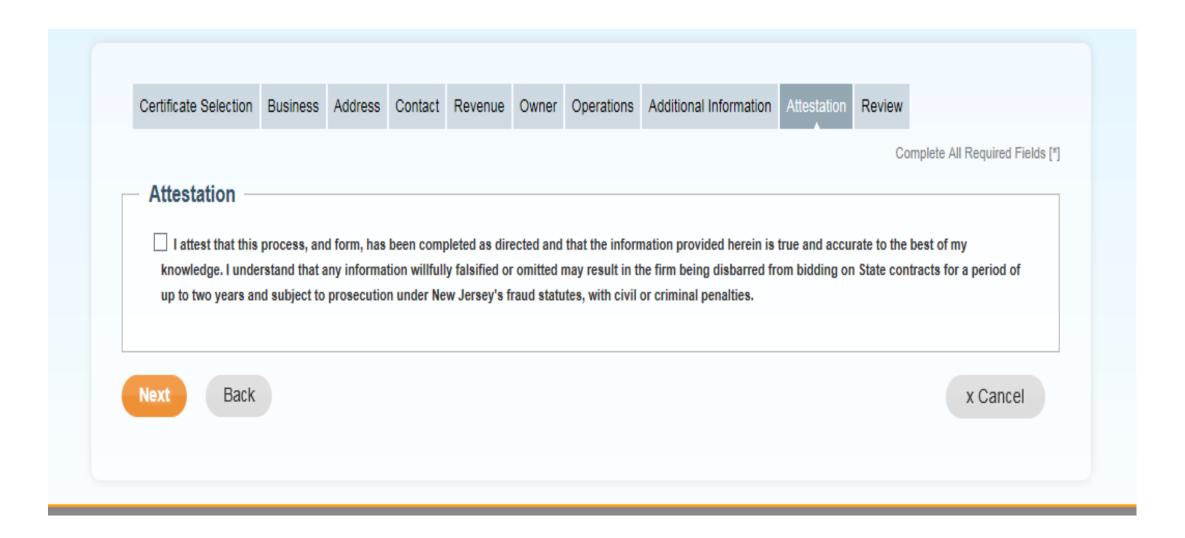
Certificate Selection Business Operation Describe the firm's major Response the firm's major Response to the firm's response t	☐ I agree that the Gross Revenue Category as determined from the Revenue Amounts and Business Codes entered is Category A . For information about how this is calculated, refer to the <u>appropriate FAQ answer</u> .	iew Complete All Required Fields (*
Average Gross Reven	ue: \$0.00	

Please provide at least one code from the first section (NAICS code) and one code from the second section which includes Constructionrelated 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	
522110 - Commercial Banking8 (\$550.00M)	







After Next Button is clicked you will go to the review page and then payment page