



Return to: Transportation Network Development
2602 S. 47th Street
Phoenix, AZ 85034
Fax: 866-913-4397

**DISABLED WOMEN MINORITY BUSINESS ENTERPRISE (DWMBE)
QUESTIONNAIRE**

Company Name: _____ **Date:** _____

A **SMALL BUSINESS ENTERPRISE (SBE)** is any corporation, partnership, sole proprietorship, individual, or other business enterprise operating for profit with 100 employees or fewer, including employees employed in any subsidiary or affiliated corporation which otherwise meets the requirements of the federal small business innovation research program, except for the limitation regarding a maximum number of company employees.

Does your company qualify as a **SMALL BUSINESS ENTERPRISE?** Yes ____ No ____

Is your company certified as a **SMALL BUSINESS ENTERPRISE?** *Yes ____ No ____

*(*If yes, please attach certificate)*

A **WOMAN BUSINESS ENTERPRISE (WBE)** is at least 51% owned by a woman or in the case of a publicly owned enterprise, a business enterprise in which at least 51% of the voting stock is owned by minority group members; or any enterprise that is approved or certified as such for purposes of participation in the contracts subject to minority business enterprise requirements involving federal programs and federal funds.

Does your company qualify as a **WOMAN BUSINESS ENTERPRISE?** Yes ____ No ____

Is your company certified as a **WOMAN BUSINESS ENTERPRISE?** *Yes ____ No ____

*(*If yes, please attach certificate)*

A **MINORITY BUSINESS ENTERPRISE (MBE)** is at least 51% owned by minority group members, or in the case of a publicly owned enterprise a business enterprise that is approved or certified as such for purposes of participation in the contracts subject to women owned business enterprise requirements involving federal programs and federal funds.

Does your company qualify as a **MINORITY BUSINESS ENTERPRISE?** Yes ____ No ____

Is your company certified as a **MINORITY BUSINESS ENTERPRISE?** *Yes ____ No ____

*(*If yes, please attach certificate)*



A **DISABLED VETERAN BUSINESS ENTERPRISE (DVBE)** meets all of the following:

1. The business is at least 51 percent owned by one or more disabled veterans, or in the **case** of a publicly owned business, at least 51 percent of its stock is owned by one or more disabled veterans; a subsidiary which is wholly owned by a parent corporation but only if at least 51 percent of the voting stock of the parent corporation is owned by one or more disabled veterans; or a joint venture in which at least 51 percent of the joint venture's management and control and earnings are held by one or more disabled veterans.
2. One or more disabled veterans manage and control the daily business operations. The disabled veterans who exercise management and control are not required to be the same disabled veterans as the owners of the business concern.
3. A sole proprietorship, corporation, or partnership with its home office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm or other foreign-based business.

Does your company qualify as a **DISABLED VETERAN BUSINESS ENTERPRISE (DVBE)**?

Yes ____ **No** ____

Is your company certified as a **DISABLED VETERAN BUSINESS ENTERPRISE (DVBE)**?

***Yes** ____ **No** ____

*(*If yes, please attach certificate)*

A **VETERAN BUSINESS ENTERPRISE (VBE)** is at least 51% owned by a veteran or in the case of a publicly owned enterprise, a business enterprise in which at least 51% of the voting stock is owned by veterans; or any enterprise that is approved or certified as such for purposes of participation in the contracts subject to minority business enterprise requirements involving federal programs and federal funds.

Does your company qualify as a **VETERAN BUSINESS ENTERPRISE (VBE)**? **Yes** ____ **No** ____

Is your company certified as a **VETERAN BUSINESS ENTERPRISE (VBE)**? ***Yes** ____ **No** ____

*(*If yes, please attach certificate)*

A **DISABLED BUSINESS ENTERPRISE @BE** is at least 51% owned by a disabled person, or in the case of a publicly owned enterprise, a business enterprise in which at least 51% of the voting stock is owned by disabled persons; or any enterprise that is approved or certified as such for purposes of participation in the contracts subject to minority business enterprise requirements involving federal programs and federal funds.

Does your company qualify as a **DISABLED BUSINESS ENTERPRISE (DBE)**? **Yes** ____ **No** ____

Is your company certified as a **DISABLED BUSINESS ENTERPRISE (DBE)**? ***Yes** ____ **No** ____

*(*If yes, please attach certificate)*