



**Department of Consumer & Business Services**  
**Office of Minority, Women & Emerging Small Business**  
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<http://oregon.gov/DCBS/OMWESB>

For office use only:
Certification no.:
Tier 1:
Tier 2:

## Application for Emerging Small Business Certification (Attachment to: M/WBE Application)

Emerging small business means:

- A business with its principal place of business located in Oregon.
- A business with average gross receipts over the past three years not exceeding: for Tier 1, \$1,550,393 for construction businesses or \$632,157 for non-construction businesses; for Tier 2, \$3,160,787 for construction businesses or \$1,053,596 for non-construction businesses.
- A business that has: for Tier 1, 20 or fewer employees; for Tier 2, 30 or fewer employees.
- An independent for-profit business.
- A business properly licensed and legally registered in Oregon.

A business shall **not** be considered an Emerging Small Business (ESB) if it is a subsidiary, parent company, or belongs to a group of companies owned and controlled by the same individuals that has aggregate annual gross receipts in excess of the limits stated above.

1. Name of business: \_\_\_\_\_
2. Has your business been ESB-certified previously?  Yes  No
3. Please refer to the North American Industry Classification System (NAICS) code list. In the first and second columns, list any NAICS code number(s) and the NAICS description(s) that apply to your business. Under "Business capability," clearly identify the products or services in which the qualifying individual has expertise and control. (See **example** in first row.) Enter your **primary** line of work on the **first** line after the example line.

NAICS code no.	NAICS description	Business capability
<b>Example</b> 238320	Painting and Wall Covering Contractors	Commercial painting, interior only; wallpaper hanging, texture application

4. Is your business a subsidiary or parent company belonging to a group of firms that are owned and controlled by the same individuals?  Yes  No
5. List the total number of work hours for **ALL** permanent, temporary, and part-time employees for the last fiscal year. Do not include the hours worked by the owner(s) of the business.
 

Total hours worked by **temporary employees**: \_\_\_\_\_

Total hours worked by **part-time employees**: \_\_\_\_\_

Total hours worked by **permanent employees**: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**Please read the following affidavit carefully and  
sign it in the presence of a commissioned notary public:**

**Affidavit**

I do solemnly declare and affirm, under penalty of perjury as defined in ORS 162.065, that the contents of the foregoing documents are true and correct and include all information necessary to identify and explain the operation of \_\_\_\_\_ (name of business), as well as the ownership thereof.

The undersigned, in addition, swears that this business is a bona fide Emerging Small Business, pursuant to ORS 200.005 (3-5), and Administrative Rules of the Office of Minority, Women & Emerging Small Business.

Signature of owner/applicant: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ before me appeared \_\_\_\_\_, who being duly sworn did execute the foregoing affidavit, and did state that she/he was properly authorized by \_\_\_\_\_ (name of business) to execute the affidavit and did so as her/his free act and deed.

**Notary seal here**

County of: \_\_\_\_\_

State of: \_\_\_\_\_

Notary public: \_\_\_\_\_

Commission expires: \_\_\_\_\_