



SUBSTANTIALLY EQUIVALENT APPLICATION (SEA)

(Complete this application only if business is certified by an approved certifying agency as a business primarily owned and operated by a qualified minority, woman, or service-disabled veteran.)

BUSINESS INFORMATION

Business Name: _____

Street Address: _____ Website: _____

City, State and Zip Code: _____

Date Established: _____ Date Ownership Acquired: _____

Legal Structure: Sole Proprietorship Partnership LLC Corporation

Other (please describe): _____

TYPE OF BUSINESS:

_____ Agriculture/Forestry/Fishing _____ Trade/Distributor _____ Mining
_____ Finance/Insurance/Real Estate _____ Construction _____ Services/ IT Consulting
_____ Manufacturing _____ Transportation/Hauling _____ Architecture/Engineering
_____ Other (please describe): _____

BUSINESS OWNER(S) INFORMATION

Name (% Ownership): _____ Name (% Ownership) _____

Email: _____ Email: _____

Phone: _____ Phone: _____

TO QUALIFY AS A MINORITY, WOMAN, OR SERVICE-DISABLED VETERAN OWNED BUSINESS, IT MUST BE AT LEAST 51% OWNED, CONTROLLED, AND ACTIVELY MANAGED BY OWNERS OF ONE OR MORE OF THE FOLLOWING GROUPS (indicate percent ownership):

_____ % Black _____ % Asian/Asian-Pacific _____ % Native Hawaiian/Polynesian

_____ % Native American (Indian) _____ % Hispanic _____ % Disabled Veteran _____ % Woman

CERTIFYING AGENCY: Department of Transportation City of Madison Dane County Milwaukee County

AFFIDAVIT AND AUTHORIZATION

The Wisconsin Supplier Diversity Program shall not reveal or disclose any financial or personally identifiable information provided by the applicant to any entity without the expressed written consent of the applicant except as 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. I agree to provide for inspection to the Wisconsin Supplier Diversity Program any such materials that may be required to substantiate the ownership and control of the business and allow it to conduct a site visit if needed.

I certify and attest that the information provided herein is true and correct. I hereby authorize the original certifying agency of my company to disclose or release any pertinent information to the Wisconsin Supplier Diversity Program which may be required by the Department of Administration to certify my business.

Name: _____ Date: _____

Signature: _____