



The State of New Jersey

Department of the Treasury

Division of Revenue

ANNUAL VERIFICATION FORM (FOR MBE/WBE ONLY) ***(Must be submitted at the end of years 1 & 2 of a 3-year Certificate Period)***

Our records indicate that you were issued a Minority and/or Women Business Enterprise (M/WBE) certificate with our Division. To maintain your certificate in an active status, you must submit a completed annual verification form to indicate any changes in your company's ownership status and to provide your company's updated contact information.

Note:

The Division reserves the right to request two years of business federal and state tax returns including all schedules, and most recent income statements and balance sheets.

- Please check here if business ownership has not changed since your certification date. If any information is incorrect, please provide corrections and attach the documentation.

Certificate Number: _____

Company Name: _____

Address: _____

City _____ State: _____ Zip: _____

County: _____ E-Mail: _____

Phone: _____ Fax: _____

Owner's Name: _____

I, _____, do herewith attest that the ownership and
(Owner, Partner or President only)

control of _____, under
(Business Name)

Federal Identification/S.S. Number _____, on which the original certification was granted, has not changed during the last twelve (12) months. (If changed please attach documentation)

Owner Signature

Date

Notary

Date

Return to: NJ Division of Revenue, Business Support Services, PO Box 455, Trenton, NJ 08646

¹ Updated contact information including e-mail address is essential to ensuring receipt of annual verification and end-of-certification period notices from the Division's (NJSAVI) system.