



Indiana Department of Administration Business Enterprise - Information Release Form

Name of Company: _____ BRN: _____

Company Address: _____

City: _____ State: _____

Phone Number: _____ Fax: _____ Website: _____

Contact Person: _____ E-Mail Address: _____

Qualifying Member(s)/Owner(s): _____

I authorize the City of Indianapolis Office of Minority and Women's Business Development to release to the Indiana Department of Administration all documentation contained in the MBE/WBE certification record, including financial documents, to the Indiana Department of Administration to assist the business listed above in securing WBE or MBE Certification with the State of Indiana

I understand that the Indiana Department of Administration may request additional information directly from the company listed above, to assist in rendering its decision, in accordance with 25 IAC 5. I understand that if WBE or MBE status is granted, the business will be certified with the State of Indiana for a period of three years. The applicant is eligible to apply for recertification directly with the Indiana Department of Administration but at the time of recertification, additional information will be requested to verify current ownership and control of the entity.

Signature: _____ Position: _____

Print Name: _____

Please deliver the completed form via email, fax, or in person to:

Indiana Department of Administration
ATTN: Division of Supplier Diversity
402 W. Washington Street, IGCS Room W479
Indianapolis, Indiana 46204
Phone 317-232-3061
Email: mwbe@idoa.in.gov

Indiana Department of Administration
Division of Supplier Diversity

Received by: _____ Date: _____