



Office of Fair Practices

SMALL AND MINORITY OWNED BUSINESS TRAINING PROGRAM APPLICATION

Business Name: _____

Business Address: _____

Business Telephone: _____ Email: _____

Main Contact Person: _____

FEIN/TIN: _____ Business Start Date: _____

Legal Structure: Corporation Sole Proprietorship Partnership Other _____

| | |
|-------------|---|
| Question #1 | Is your company Certified? Yes ____ No ____ a. Type of Certification? MBE ____ DBE ____ SBE/SBR ____ ACDBE ____ WBE b. Certification number? ____ |
| a. Answer: | |
| b. Answer: | |

| | |
|-------------|------------------------------------|
| Question #2 | When was your company established? |
| Answer: | |

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|-------------|--|
| Question #3 | Principal type(s) of work performed by the business (Include NAICS Codes). |
| Answer: | |

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|-------------|---|
| Question #4 | To what Trade Associations, business associations, or Chambers of Commerce does your business belong? |
| Answer: | |

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|-------------|--|
| Question #5 | What government projects has your company completed in the last three years? Provide description of type of services, duration of project, contract amount, etc. |
| Answer: | |

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|-------------|--|
| Question #6 | Why does your company want to participate in MAA's Small and Minority Owned Business Training Program? |
| Answer: | |

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|-------------|---|
| Question #7 | Give examples of other training or mentoring programs or relationships (formal or informal) in which your company has been involved in: |
| Answer: | |

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|-------------|--|
| Question #8 | Please list key personnel, (identify the point of contact) of your company who will participate in the program and their role: |
| Answer: | |

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|-------------|---|
| Question #9 | This training program requires at least 3 hours per month commitment. Knowing this will your company commit to the program? |
| Answer: | |

Please save this document to your computer, then email it to:
smallbusiness@bwiairport.com

Thank you for your interest in our Training Program!