



REQUEST TO APPEAL A DENIAL DETERMINATION

To request an appeal, the applicant must complete and submit this form within 30 days of receipt of the denial letter, which gave written notice of the denial determination (referred to herein as "Denial Determination").

_____ requests to appeal the NYS Department of Economic
(Print applicant name)

Development, Division of Minority and Women's Business Development's Denial Determination denying such applicant's application for MWBE certification.

The applicant must select whether it requests to appeal via a virtual hearing or whether it requests to appeal via written submission.

[] The applicant requests to appeal via a virtual hearing.

[] The applicant requests to appeal via written submission.

Please note that virtual hearings are being conducted using the Webex videoconferencing platform, which requires that all parties have a fast, reliable internet connection and computer enabled with audio/video capabilities.

On appeal, the applicant's presentation of evidence is limited to such relevant documentation that was before the Division at the time of the review of the application and Denial Determination. Please provide a brief statement of the bases upon which each of the Denial Determination grounds are being appealed and identify the documents that the applicant anticipates relying on, in support of its appeal.

[Empty box for applicant's statement]

This Request to Appeal the Denial Determination is submitted by:

Name of applicant, business address, phone number and email:	Date:
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Representative of Applicant & Title (Print)	
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Signature	

If the applicant is represented by counsel or an attorney on appeal, please provide the following:

Name of attorney, business address, phone number and email:	Date:
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Name (Print)	
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Signature	

Please mail this completed form to: MWBE Appeals Unit, New York State Department of Economic Development; 625 Broadway, 8th Floor; Albany, NY 12245.