



REQUEST TO APPEAL A DENIAL DETERMINATION

To request an appeal, the applicant business 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 Development, Division of Minority and Women's Business Development's Denial Determination denying such applicant business' application (application no. \_\_\_\_\_) for M/WBE (re)certification. (Print applicant business name) (Print application number)

The applicant business must select ONE (1) of the options below, indicating whether it requests to appeal via a virtual hearing OR via written submission.

Two columns of radio button options: [ ] The applicant business requests to appeal via a virtual hearing. [ ] The applicant business requests to appeal via written submission. Includes a note about virtual hearings using Webex.

On appeal, the applicant business' 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.

Large text box containing instructions: Please provide a brief statement of the bases upon which each of the Denial Determination grounds are being appealed... NOTE: The brief statement to be provided here does NOT constitute a written appeal submission.

**This Request to Appeal the Denial Determination is submitted by:**

<b>Business Name:</b>					
Address 1:					
Address 2:					
City:		State:		Zip:	

**Business Representative:**

First Name:		Last Name:	
Title:		Phone:	
Email:			
Signature:		Date:	

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

**Attorney Address (if applicable):**

Law Firm:					
Address 1:					
Address 2:					
City:		State:		Zip:	

**Attorney Representative (if applicable):**

Atty. First Name:		Atty. Last Name:	
Title:		Phone:	
Atty. Email:			
Signature:		Date:	

To submit by mail, please send the completed, signed form to:

**MWBE Appeals Unit  
NYS Dept. of Economic Development  
633 Third Ave, Floor 37  
New York, NY 10017**

Alternatively, this form may be submitted online and signed electronically by accessing the Request to Appeal webform at: <https://esd.ny.gov/mwbe-appeals>