

**NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL  
MINORITY-CONTROLLED CERTIFICATION APPLICATION**

**GENERAL INFORMATION:**

When answers require additional space, use plain white paper. Properly identify the item referred to by the appropriate number. At the top of each additional answer or exhibit, state the name of the applicant, date of application and item number. Please answer all questions as completely as possible; if a particular question does not apply to your business operation, write not applicable (NA) in the space provided. You must include all attachments requested on page 6. **The application must be signed, dated and include all applicable fees.**

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_(Day, Month, Year)      Council I.D. Number\_\_\_\_\_

NAICS Code(s): \_\_\_\_\_      D & B Number: \_\_\_\_\_

**1. Business Information:**

Name of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Business Street Address (Also mailing address, if different)

\_\_\_\_\_ City    State    Zip

\_\_\_\_\_ Telephone Number                          Email Address                          Web Site Address

Fax Number: \_\_\_\_\_

Certified by Which Council: \_\_\_\_\_

Date of Last Certification: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

Was Company certified at time of this application: Yes\_\_\_ No\_\_\_

**Please attach your company's original certification application and latest recertification application to this application.**

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**Legal Structure** (Check one)

Which designation is your company applying for:

Minority-Controlled Private Held       Minority-Controlled Publicly Traded

**Type of Business** (Check one)

Manufacturing       Professional Services       Construction  
 Finance       Service       Transportation

Other: \_\_\_\_\_

2. **Ownership Information:**

Provide a listing of all principal owners, both minority and non-minority. Under ownership column note if S (stockholder, proprietor or partner), D (director) and/or O (officer).

B = Black      E = Asian Pacific      H = Hispanic      AI = Asian Indian  
NA = Native American      X = Non-Minority      C = Caucasian

<b><u>Name/Title</u></b>	<b><u>Minority Group Member</u></b>	<b><u>Ownership &amp; % Ownership</u></b>	<b><u>U.S. Citizen</u></b>
1.			
2.			
3.			
4.			
5.			

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**3. Control Information:**

Name of Board Chair: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Number of Board Members: \_\_\_\_\_

Number of Minority Board Members: \_\_\_\_\_

**Provide Board Names and Racial/Ethnic Information on Separate sheet.**

What percentage of the business does the minority owner(s) presently own: \_\_\_\_\_  
Provide supporting documentation.

What percentage of the voting stock is retained by minority owner(s): \_\_\_\_\_  
Provide supporting documentation.

What percentage of the equity stock is retained by minority owner(s): \_\_\_\_\_  
Provide supporting documentation.

**Please provide a copy of ALL side bar or contingent contracts between minority owners and new investors.**

**Please provide name, address, telephone number and relevant/appropriate information on investors (venture capital companies), which have or plan on acquiring part of your company.**

**4. Management Information:**

\_\_\_\_\_  
Name/Title of Chief Executive Officer, President or person responsible for daily operation.

Race/Ethnicity of CEO, President or person in charge of daily operations: \_\_\_\_\_  
resident: \_\_\_\_\_

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**Please provide person's resume.**

- a. Does the applicant business have any subsidiaries or affiliates: Yes \_\_\_ No \_\_\_
- b. Is it a subsidiary or affiliate of another concern: Yes \_\_\_ No \_\_\_  
If yes to either or both questions, provide the name, address and telephone number of the subsidiary, affiliate or parent company. Also describe the relationship of the applicant company to the subsidiary, affiliate or parent.
- c. Does your business concern or any person listed in this application have or intends to enter into any type of agreement with any other concern person which relates to or affects the on-going administration, management or operations of the applicant concern:  
Yes \_\_\_ No \_\_\_ Such agreements include but are not limited to management and/or joint venture agreements and any arrangement or contract involving the provision of such services as administrative, service marketing, production and other types of compensated services. If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.

### **THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR MINORITY-CONTROLLED CERTIFICATION:**

#### **THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR CERTIFICATION:**

1. Proprietor IRS tax form (1040, schedule C); partnership income tax returns (1065); or corporate income tax return (1120, 11205) including all schedules for one year preceding year of application.
2. Agreements containing options to purchase or otherwise acquire stock.
3. Debt instruments (notes, bonds, indentures) with the following attached:
  - a. Repayment schedule of debt
  - b. Specified interest rate
  - c. Security or collateral given
  - d. Maturity date
  - e. Amount of consideration paid or payable for the debt instrument.
  - f. Promissory note(s)

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4. Shareholder guarantees for any debt.
5. Articles of Incorporation, Certificate of Incorporation.
6. Voting agreements among shareholders or directors, by laws, stock certificates (front and back).  
This includes buy and sell agreements and profit share agreements.
7. Schedule of advances made to corporation by shareholders for the preceding three years.
8. Any other agreements affecting the control or management of the business.
9. Minutes of first board or shareholder's meeting and most current board minutes listing all board officers and directors.
10. Copy of bank resolutions and any resolutions which appoints board members and officers to the corporation.
11. Copy of partnership agreement (if applicable).
12. Documentation on the principals initial and subsequent investments. Proof to stock purchase or equity investment.
13. Beginning Balance Sheet. All appropriate financial documents, as required by NMSDC Policy and Procedures Manual.
14. Copy of resumes of all officers.
15. Non-refundable processing fee of \$2000 payable to NMSDC.

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### **VIII. AFFIDAVIT OF APPLICANT**

**Read the following paragraphs carefully!** Your signature on this application indicates acceptance and understanding of the conditions.

- A. OMISSION** of information may be cause for this application not receiving timely and complete consideration.
- B. THE NMSDC RESERVES THE RIGHT** to request further information from the applicant prior to certification.
- C. APPLICANT AGREES** to immediately notify the NMSDC of all facts that would result in a failure to satisfy the requirements contained in the guidelines.
- D. CERTIFICATION** may be terminated at any time for good cause by the NMSDC in accordance with the guidelines established by the NMSDC Board of Directors from time to time or for the best interests of the NMSDC.
- E. ALL INFORMATION** in this application is true and accurate and is submitted for consideration of certification and affiliate membership.
- F. IF** the NMSDC discovers that a statement has been made herein which the applicant knows to be false, the certification process will be terminated immediately.
- G. ALL MATERIALS** submitted with this package shall become the property of the NMSDC.
- H. DE-CERTIFICATION IS AUTOMATIC** if a certified MBE has a change in ownership, control or management and does not inform NMSDC within 30 days of said change.
- I. IF THE APPLICANT** is awarded certification, the applicant agrees to abide by all rules governing their status as may be determined by the NMSDC Board of Directors from time to time.

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The undersigned hereby swears under penalty of law that all statements made in this application are true.

The undersigned agrees to hold the NMSDC harmless for any claim arising out of this application and agrees to indemnify the NMSDC for any liability in connection with the certification of the applicant.

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Business Name

**Signature of Proprietor, all Partners, or President of corporation:**

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Signature	Date	Print Name
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Signature	Date	Print Name
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Signature	Date	Print Name
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