



# MBE Application for Certification

Please answer all questions as completely as possible. When answers require more space, use additional paper, properly identifying the item referred by the appropriate number. If a particular question does not apply to your business operation, write not applicable (NA) in the space provided. Company submitting application must be at least fifty-one percent (51%) owned by one or more minority individuals with U.S. citizenship. **Please collect and compile the required documentation listed on page seven (7). Return all of the required documentation, along with this completed application and a processing fee of \$150.00, to the FMSDC office.**

Date of application: \_\_\_\_\_

1. Company: \_\_\_\_\_

2. Parent Company: \_\_\_\_\_

3. Street Address: \_\_\_\_\_  Check if home office

4. Mailing Address [if different]: \_\_\_\_\_

5. City: \_\_\_\_\_ 6. State: \_\_\_\_\_ 7. Zip: \_\_\_\_\_

8. Telephone: \_\_\_\_\_ 9. Fax Number: \_\_\_\_\_ 9a. Mobile: \_\_\_\_\_

10. Website Address: \_\_\_\_\_ 11. E-mail Address: \_\_\_\_\_

12a. Employer's ID Number/Federal ID Number: \_\_\_\_\_ and/or

Social Security Number: \_\_\_\_\_

12b. In the space below, please give a concise description of company's product(s), service(s), or type of construction. If your company offers more than one product/service, list primary product or service first. Use additional paper, if necessary, and attach to this form. The description below will be placed in our database and online directory.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12c. List owner, members, corporate shareholders and Limited Liability Corporation members and title:

Owner's Name(s)	Owner's Title

13. Key Contact (s) Name (preferably owner/principal): \_\_\_\_\_

14. Key Contact's Title: \_\_\_\_\_

15. NAICS Code(s): \_\_\_\_\_

If you don't know your NAICS Code, go to: <http://www.naics.com/search.htm>

16. Type of Business: Check primary function. Check all that apply.

- Brokers/Agents (BA)
- Construction Contractor (CC)
- Consultant/Professionals
- Distributor (DS)
- Manufacturer (MF)
- Manufacturer's Rep (MR)
- Service Contractor (SC)
- Other: \_\_\_\_\_



**MBE Application for Certification**

**17. Type of Legal Business Structure:**

- Corporation
- Limited Liability Corporation or Company (LLC)
- Limited Liability Partnership (LLP)
- General Partnership
- Sole Proprietorship\*

\* NMSDC's definition of a "Sole Proprietorship" is "a company owned/operated 100% by one (1) individual. Split ownership between family members does not constitute a "Sole Proprietorship".

**18. Date Business was established:** \_\_\_\_\_

**19. Is your firm, parent, branch or subsidiary currently certified by other NMSDC affiliate council?**

- Yes. Name of Council \_\_\_\_\_ Date: \_\_\_\_\_
- No

**20. Has your firm ever applied for certification before?**

- No
- Yes. By whom \_\_\_\_\_ Date: \_\_\_\_\_

- 21. Does your firm hold 8(a) certification?**  Yes  No
- Is your firm currently on the GSA Schedule or GSA Advantage?**  Yes  No

**22. What are the gross receipts of your firm for each of the past three years and company's net worth? (if in business less than one year, provide gross receipts to date)**

Year Ending \_\_\_\_\_ \$ \_\_\_\_\_ Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Net worth \$ \_\_\_\_\_

**23. Dun & Bradstreet # :** \_\_\_\_\_

**24. A. Number of Employees: Full Time** \_\_\_\_\_ **Part Time** \_\_\_\_\_  
**24. B. Number of Minority Employees:** \_\_\_\_\_

**25. Type of Acquisition (check one below):**

- Bought Existing Business
- Started Business
- Merger or Consolidation
- Secured a Franchise
- Other (Please Specify): \_\_\_\_\_

**Date of Acquisition:** \_\_\_\_\_

**IMPORTANT NOTE:**  
 Please submit only required documents. The submission of a neatly organized application accompanied with the required documents will expedite the processing of your application. Please provide an explanation for any documentation you cannot provide.  
**Incomplete applications will promptly be returned.**

**26. Please list each owner, proprietor, partner, officer, member, director and stockholder. The name listed should include Minority Group Members and Non-Minority Group Members. Under ownership role column note is S (Stockholder, Proprietor or partner), or D (director and/or Officer)/Citizenship status - 1=By Birth or 2=Naturalized Citizen. NMSDC does not certify non-citizens.**

Name/Title	Ethnic Origin	Gender	Citizenship	Years of Ownership	Ownership Role	Ownership Percentage (entries must total 100%)	Voting Percentage



## MBE Application for Certification

### MINORITY GROUP

A citizen of the United States who is Black, Hispanic, or Native American. Asian Pacific whose origins are in Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the U.S. Trust Territory and the Pacific Islands, the Northern Marinas Islands, Laos, Kampuchea (Cambodia), Taiwan, Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Republic of the Marshall Islands, or the Federated States of Micronesia. Native American means American Indians, Eskimos, Aleuts, and Native Hawaiians. Asian Indian Americans include United States citizens whose origins are from India, Pakistan, and Bangladesh.

**27a. Are business premises:** (check one)

- Owned
- Leased
- Home based

List or attach location of all additional facilities: \_\_\_\_\_

**27b. Geographic market**

- Local
- Regional
- National
- International

**28. List of contributions of each of the owners.**

Name	Actual Money	Equipment	Real Estate	Expertise
	\$			_____ years
	\$			_____ years
	\$			_____ years
	\$			_____ years

**29. If license or permit is required to provide product or service, give information as follows:\***

Name of License Holder	Type of License/Permit	License Number

\* This is to know if license or permit is owned by the minority applicant.

**30. Does your company share any resources with any other firm or individual?**  Yes  No

(office facilities, storage space, equipment, personnel, inventory, financing, etc.) If yes, please identify and explain fully.

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**31. Identify any owner, management official or employee of your company who is associated with any other business.**

Yes  No If yes, explain fully and identify the business or person with whom you have an agreement and attach any written agreement and/or explain any oral or intended agreement.

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**32. Identify those individuals (owners, non-owners and key employees) who are responsible for the day-to-day operations and policy decision-making, including those with prime responsibilities for:**

Operation	Name	Title	Ethnic Origin
Financial decisions			
Signatory on major documents			
Personnel management			
Marketing/sales			
Payroll			
Estimating			
Purchasing of major items			
Supervision of Field Operations			
What jobs firm will undertake			

**33. Is the company bonded?**

Yes, Amount \_\_\_\_\_



MBE Application for Certification

No Bonding /Security Company

34. Provide three current customer reference.

\*A. COMPANY

Address

City/State/ZIP

Buyer Phone:

Product/Service Dollar Volume:

\*B. COMPANY

Address

City/State/ZIP

Buyer Phone:

Product/Service Dollar Volume:

\* C. COMPANY

Address

City/State/ZIP

Buyer Phone:

Product/Service Dollar Volume:

35. Provide two current bank references.

\* A. Name of Bank Officer Title:

Name of Institution

Address

City/State/ZIP

Type of Account Credit Line: \$

\* B. Name of Bank Officer Title:

Name of Institution

Address

City/State/ZIP

Type of Account Credit Line: \$

Name of Bank Officer Title:

36. If company is a Distributor, please complete: Average Dollar Value of Inventory:



**MBE Application for Certification**

37. If company is a **Manufacturer**, list basic equipment and indicate whether equipment is leased or owned.

Basic Equipment	Leased/Owned
_____	_____
_____	_____
_____	_____

38. If company is a **Contractor**, please complete the following section:

License # \_\_\_\_\_ License Certification \_\_\_\_\_

Trade Specialty \_\_\_\_\_

Union Name/Local \_\_\_\_\_ Union Affiliation \_\_\_\_\_

Most Recent Project:  
Project Name \_\_\_\_\_ Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_

Geographical Area \_\_\_\_\_ Dollar Value \_\_\_\_\_

**NOTE: PLEASE SEND COPY OF BONDING CERTIFICATE**

Please name your responsible Managing Officer or responsible Managing Employee:

\_\_\_\_\_

39. **Transportation Information:**

- |  |  |
|--|--|
| <input type="checkbox"/> Operating Status:<br><input type="checkbox"/> Independent Carrier<br><input type="checkbox"/> Insurance Carrier | <b>Common Carrier Operating Authorities:</b><br><input type="checkbox"/> Interstate<br><input type="checkbox"/> Intrastate |
|--|--|

\_\_\_\_\_

List the Commodities you normally transport

\_\_\_\_\_

Vehicles/Equipment	Owned/Leased & Quantity	Registration No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Please forward copies of all applicable vehicle title and/or lease agreements with this application.



**MBE Application for Certification**

**40. Does the applicant business have any subsidiaries or affiliates or is it a subsidiary of another concern?** Check one:

- Yes
- No

If yes, 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.

**41. Does applicant business concern or any person listed in 26 above have or intend to enter into any type of agreement with any other concern or person which relates to or affects the on-going administration, management or operations of the applicant concern?** Such agreements include but are not limited to management and joint venture agreements and any arrangement or contract involving the provision of such compensated services as administrative service, marketing, production and other type of compensated services. If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.

- Yes
- No

**42. Is the applicant business and/or owner concern involved in any present or pending lawsuit?**

Check one:

- Yes, if yes, provide details on a separate sheet.
- No

**43. How did you hear about the Florida Minority Supplier Development Council?**  \_\_\_\_\_ Council MBE  Event or Presentation  A corporate member  Newspaper, Radio, TV  Other (Please Specify) \_\_\_\_\_

**44. Supply a copy of the applicant's financial statement for one year preceding the year of application or for the time that the applicant has been in business if less than one year, plus financial statement of any subsidiaries of affiliates of the applicant for the same period of time.** If the applicant is a new business concern, enclose a copy of an opening balance sheet and projection of income, or a statement by a certified public accountant, which states that the applicant is a viable business concern. All financial statements submitted to the Council must show applicable date of the information given and must be signed and dated by the proprietor, partner or authorized officer unless prepared by an independent certified public accountant. All materials will be kept confidential.

**45. Supply a copy of the applicant's Brochures or Marketing Materials.** If the applicant currently has marketing material, a marketing plan, line cards, brochures, etc. Please submit these items. The review, rebuilding and/or rebranding of your marketing material is a service included in your first year's certification.

Payment by Credit card:

Visa ( ) American Express ( ) Master Card ( ) Discover Card ( )

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on credit card \_\_\_\_\_

I authorize FMSDC (Florida Minority Supplier Development Council) to debit my credit card

\$ \_\_\_\_\_ for Certification Fee.

(Check One) \_\_\_Visa \_\_\_MasterCard \_\_\_Amex or \_\_\_Discover

Signature: \_\_\_\_\_



## MBE Application for Certification

**DOCUMENTATION ATTACHMENTS** – Please include appropriate documentation with the application and please indicate which documents are attached. The documentation required for certification is listed below, but is not limited to:

**ALL BUSINESSES ARE REQUIRED TO SUBMIT:**

- Fictitious Business Statement (if applicable)
- Proof of U.S. Citizenship (passport, birth certificate)
- Proof of Ethnicity for Owner(s), Partners, Shareholders (driver’s license, birth certificate)
- Two Years of Federal Tax Returns (Business)\*
- Financial Statements (Profit \* Loss, statement of cash flows, balance sheet)
- Notes Payable (if any)
- Applicable Operating Business License and/or permits
- Lease Agreements
- Resume(s) of owner(s), partners or shareholders
- Equipment Rental and Purchase Agreements (if applicable)
- Contract or work history for the past three years (if applicable) (name/contact, type of work performed or type of contract received)
- Equipment owned or available (include description of equipment, year acquired, and current value)
- Proof of Bonding Capacity (if applicable)
- Bank Signature Card (copy signature card or letter from bank)
- Indian/Native Americans Blood Degree Certificate (i.e. tribal registry letter, tribal roll register number) [if applicable]
- \$150.00 non-refundable processing fee

**LLCs SUBMIT:**

- Income Statement
- Balance Sheet
- Notes Payable
- Copy of Bank Account Signature Card or letter from Bank identifying signers
- Operating License
- Facility Lease Agreement (if any)
- Articles of Organization
- Operational Agreement
- Organizational Agreement

**PARTNERSHIPS SUBMIT:**

- Partnership Agreements
- Buy Out Rights
- Profit Sharing
- Current Partnership
- Financial Statement
- Third-party agreements: management service agreements
- Proof of Capital Investment

**CORPORATIONS SUBMIT:**

- Article of Incorporation
- Certificate of Corporation
- Minutes of 1<sup>st</sup> Board Meeting
- Copies of Stock Certificates
- Current Stock Ledger
- Corporate Bylaws
- Proof of Stock Purchase

\*Personal taxes if in business less than 1 year

**IMPORTANT NOTE:**

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## MBE Application for Certification

### DECLARATION OF CERTIFICATION OF MINORITY STATUS

I (We) have completed and submitted the Minority Supplier Registration and Database Input Form as requested by the FLORIDA MINORITY SUPPLIER DEVELOPMENT COUNCIL and hereby certify that the information contained herein and all attachments submitted are true and correct and accurate to the best of my (our) knowledge and belief. I (We) understand that this Declaration of Certification and the criteria set forth have been developed according to the guidelines established by the NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL. The certification, when granted, will be for a one (1) year period. I (We) further understand that completion and submission of this form, together with all attachments hereto, is not necessarily the sole criteria for determining certification of minority status by the FLORIDA MINORITY SUPPLIER DEVELOPMENT COUNCIL.

I (We) acknowledge that if the Council discovers that a statement has been made herein which the applicant knows to be false, the certification process will be terminated immediately. I (We) agree that all materials submitted with this package shall become the property of the Council.

I (We) further agree that once certified, the continued certification and registration by the FLORIDA MINORITY SUPPLIER DEVELOPMENT COUNCIL will be according to the guidelines, rules and regulations of the FLORIDA MINORITY SUPPLIER DEVELOPMENT COUNCIL and the NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL and may be amended from time to time. Termination of my (our) status may be based upon, but not necessarily limited to, any one of the following:

1. Cessation of business operation by the minority business concern.
2. Discovery that any false information was knowingly supplied to the FLORIDA MINORITY SUPPLIER DEVELOPMENT COUNCIL in the completion of this form or as contained in any attachments submitted.
3. Failure to provide timely notice or withholding of any notice to the FLORIDA MINORITY SUPPLIER DEVELOPMENT COUNCIL of the transfer or loss of ownership and/or management and control of the business concern by its minority group members.
4. Failure or refusal to allow the FLORIDA MINORITY SUPPLIER DEVELOPMENT COUNCIL and/or its representative access to the company's place of business upon reasonable notice and demand for the purpose of a site visit.
5. Sale, exchange, or transfer of ownership of the minority business concern, if such transfer results in the loss of control and ownership of the business concern by the minority group members.

I (We) understand and agree that the FLORIDA MINORITY SUPPLIER DEVELOPMENT COUNCIL reserves the right to request any further and additional information that it may deem necessary to substantiate the information and representations made by the applicant (applicants) for certification. I (We) declare that the company in whose name this application is being submitted is at least fifty-one percent (51%) owned by one or more minority individuals (as defined herein) and such individuals control, operate and manage the company.

The undersigned hereby agrees (agree) to hold FLORIDA MINORITY SUPPLIER DEVELOPMENT COUNCIL free and harmless from any and all claims, demands, and damages whatsoever arising out of the presentation of this application and agrees to indemnify and hold FLORIDA MINORITY SUPPLIER DEVELOPMENT COUNCIL harmless for any and all liability in connection with the certification of the information contained in this application.

The undersigned hereby declares (declare) under penalty of perjury that all statements made in this application and any attachments hereto are true and correct. **I understand that the \$150.00 Registration Fee is included and non-refundable.**  
**(Sign On Next Page)**



**MBE Application for Certification**

**Business Name** \_\_\_\_\_

Signature of all Proprietor, Partners and President of the Corporation

_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____

Please have this form **NOTARIZED**, retain a copy of this form for your files and return the original and the attachments to:

**Johanna De La Cadena  
 Certification Specialist  
 Florida Minority Supplier Development Council, Inc.  
 7453 Brokerage Dr.  
 Orlando, Florida 32809**

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ 20\_\_\_\_, before me, (name) \_\_\_\_\_ the undersigned

Notary Public, personally appeared (name) \_\_\_\_\_, personally known to me, or proved to me on the basis of satisfactory evidence, to be the person(s) whose name (s) is/are subscribed to the within instrument, and acknowledged to me that he/she/ they executed in the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) of the entity upon which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public _____	_____
	(Seal)

Commission Expires \_\_\_\_\_

NOTE: Public Law 99-272, the "Consolidated Omnibus Budget Reconciliation Act of 1985," which amends Section 16 of the Small Business Act, establishes penalties of up to a \$50,000 fine or imprisonment of up to five years, or both, for misrepresenting, in writing, the status of any concern or small business owned and controlled by socially and economically disadvantaged individuals (a "DBE") in order to obtain for oneself or another any prime subcontract to be awarded as a result or in furtherance or any provision of federal law that specifically references Section 8(D) if the Small Business Act for a definition of eligibility.

All certification documents submitted are treated with the utmost confidentiality. All files are kept under lock and key and only two staff members have access to these files. There are also sign-out procedures in place. Certification documents are not shared with any outside organizations. Additionally, staff and certification committee members sign Confidentiality Disclosure statements whereby they agree that information is confidential and proprietary to the applicant.