



MBE RECIPROCAL SERVICES REQUEST

Date: _____

Section I

Name of Firm (name as appears on the Home Council Certificate) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip Code _____

Contact Person: _____ Contact's Title _____

Owner's Name: _____ Ownership Percentage _____%

Business Phone: (_____) _____ Fax Number: (_____) _____

E-mail: _____ Web Address: _____

Federal Tax ID#: _____ Year Firm Started: _____ Sales \$ _____

Date of Acquisition: _____

Method of Acquisition (circle one):

Bought existing business Started a new business

Secured a franchise Merger or Consolidation

Other (specify) _____

8(A) certified: _____ Hub Zone: _____ SDB: _____ GSA Schedule or GSA Advantage? Yes No

Full-time employees: _____ Part-time employees: _____ # of minority employees: _____

List home council you are currently certified with and certification date:

Council (Certified/Home) _____ Date: _____

Section II

Geographical Market: (circle one)

Local Regional National International

Type of Business Structure: (circle one)

C Corporation I Individual P Partnership S Sole Proprietorship L LLC

Type of Business: (circle primary function)

DS Distributor CC Construction Contractor MF Manufacturer MR Manuf. Rep.

CP Consultants/Professionals SC Service Contractor BA Brokers/Agents

Nature of Business: (provide full descriptive information and relevant NAIC CODES – codes must be the same as those on home council certificate/MBISYS form) – use six digit code numbers only (www.naics.gov)

NAICS Code(s): _____

Product or Service Description: _____

Minority Ownership: (Specify the ethnic origin and % of ownership of the person(s) who own & control the firm)*

BLM Black American Male _____% BLF Black American Female _____%

HIM Hispanic American Male _____% HIF Hispanic American Female _____%

NAM Native American Male _____% NAF Native American Female _____%

APM Asian-Pacific Amer. Male _____% APF Asian-Pacific Amer. Female _____%

AIM Asian-Indian Amer. Male _____% AIF Asian-Indian Amer. Female _____%

Non-M Non-minority _____%

* (Total ownership % must equal 100%)

PAYMENT (circle payment method)

Check Money Order Credit Card Other: _____

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.

Signature _____

RECIPROCAL SERVICES AFFIDAVIT

The undersigned swears or affirms that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of, _____ as well as the ownership thereof.

I am executing this affidavit, stating that I am properly authorized by (name of firm) _____ to execute the affidavit and am doing so as a free act and deed.

Furthermore, I understand that I may not:

- a) fraudulently obtain, retain, attempt to obtain nor aid another in fraudulently obtaining or retaining or attempting to obtain minority business enterprise certification:
- b) willfully make a false statement, whether by affidavit, report, or other representation, to state official or employee for the purpose of influencing the certification or denial of certification of any entity as a minority business enterprise; or
- c) Willfully obstruct, impede, or attempt to obstruct or impede any state official or employee who is investigating the qualifications of a business entity which had requested certification as a minority business enterprise.
- d) Any material misrepresentation will be grounds for initiating action under Federal or State laws concerning false statements.

SIGNATURE _____ **DATE:** _____

(Appropriate Company officer)

NAME: _____

TITLE: _____

CORPORATE SEAL (attest, where appropriate or have officers' signature notarized)

DATE: _____

STATE OF: _____

COUNTY OF: _____

On this _____, Day of _____, _____

Before me appeared (name) _____

(SEAL)

NOTARY PUBLIC _____

MY COMMISSION EXPIRES: _____

Please include a copy of your "current" home council certificate and \$150.00 non-refundable processing fee for initial reciprocal certification. Remit payment (please include all documents and fees together) to:

FMSDC
Shayana de Faria
7453 Brokerage Dr.
Orlando, FL 32809
Fax # 407-857-8647

If you have any questions please e-mail Shayana de Faria at Shayana@fmsdc.org or call 407-404-6700.