

NATIONAL  
MINORITY SUPPLIER  
DEVELOPMENT  
COUNCIL, INC.

NMSDC RECERTIFICATION APPLICATION

Direction: Please fill out the application and submit your company's most recent IRS tax return (see page 2).

1. COMPANY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_
2. CERTIFICATE NUMBER: \_\_\_\_\_
3. PARENT COMPANY (if apply): \_\_\_\_\_
4. CERTIFICATE NUMBER: \_\_\_\_\_
5. MAILING ADDRESS: \_\_\_\_\_
6. CITY, STATE, ZIP: \_\_\_\_\_
7. STREET ADDRESS: \_\_\_\_\_
8. CITY, STATE, ZIP: \_\_\_\_\_
9. PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_
10. Email Address: \_\_\_\_\_ WEB ADDRESS: \_\_\_\_\_
11. Owners/Principals:

Name/Title	Ethnic Origin*	Male / Female	US Citizen? Yes or No	Years of Ownership	Ownership % (must total 100%)	Voting %

\*White, Black, Asian, Native American, Hispanic

12. SEND MAIL TO: \_\_\_\_\_

13. NAIC CODE(S): \_\_\_\_\_  
[www.naics.com](http://www.naics.com) or [www.census.gov/naics](http://www.census.gov/naics)

14. PRODUCT/SERVICE DESCRIPTION:

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

- |   |   |
|---|---|
| <input type="checkbox"/> Brokers/Agents (BA)<br><input type="checkbox"/> Construction Contractor (CC)<br><input type="checkbox"/> Consultant/Professionals<br><input type="checkbox"/> Distributor (DS) | <input type="checkbox"/> Manufacturer (MF)<br><input type="checkbox"/> Manufacturer's Rep (MR)<br><input type="checkbox"/> Service Contractor (SC)<br><input type="checkbox"/> Other: |
|---|---|

16. NO. OF EMPLOYEES: \_\_\_\_\_ NO. OF MINORITY EMPLOYEES: \_\_\_\_\_

17. BUSINESS STRUCTURE: \_\_\_\_\_

(Firm's legal structure: Sole Prop, Partnership, LLP, LLC, S Corp, C Corp)

18.GEO. MKT: \_\_\_\_\_ FEDERAL Tax Number: \_\_\_\_\_

19.YEAR ESTABLISHED: \_\_\_\_\_ ANNUAL SALES: \_\_\_\_\_

20.RMSDC: \_\_\_\_\_ OTHER CERTIFICATIONS: \_\_\_\_\_

21.REFERENCES (complete if you want to add/update):

COMPANY: \_\_\_\_\_

LOCATION: \_\_\_\_\_

22. TAX DOCUMENTS. THE COUNCIL (check one that applies): \*\*

- Received Tax forms at Council office (date) \_\_\_\_\_
- Received CERTIFIED PUBLIC ACCOUNTING FIRM (CPA) Letter attesting to the accuracy of the information.
- Reviewed at  Council site  site agreed upon.  
Date of review: \_\_\_\_\_ Staff Name: \_\_\_\_\_
- Reviewed at MBE site  
Date of review: \_\_\_\_\_ Staff Name: \_\_\_\_\_

PLEASE CHECK ONE BOX ONLY!

[ ] I hereby affirm that no changes have taken place in the minority ownership, control or management my company since last certified.

[ ] I hereby attest that changes have taken place in the minority ownership, control or management of my company since last certified. Documentation is enclosed.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Name and Title (Please Print)

PLEASE REMEMBER: ANY CHANGE IN OWNERSHIP, CONTROL OR MANAGEMENT WHICH COULD EFFECT YOUR CERTIFICATION STATUS AND NOT REPORTED WITHIN 30 DAYS OF CHANGE WILL RESULT IN YOUR IMMEDIATE DECERTIFICATION.

**Business Structure	Tax Form Required
S Corporation	1120S
C Corporation	1120
Sole Proprietorship	1040
Partnership LLC	1065
Corporation LLC	1120