



An Affiliate of National Minority Supplier Development Council, Inc.

Dear Applicant,

SUBJECT: Reciprocal Certification

Thank you for your interest in a reciprocal certification with Southern California Minority Business Development Council, Inc. (SCMBDC). Enclosed for your convenience is our reciprocal certification application

To initiate the process, you will need to submit to us a completed Reciprocal Certification Application along with a non-refundable fee, by check or credit card, in the amount of \$350.00. Once received, we will verify your status with your local home council before proceeding.

For your information, your reciprocal certification is valid for the same time period as your local Council certification, regardless of the date you apply for reciprocal certification. For example, if your local certification expires in July 2010, your reciprocal certification with an affiliate National Minority Supplier Development Council will also expire July 2010.

Upon approval of your reciprocal certification, your company will receive materials that present the many programs and services our Council offers to you and your company as a certified MBE of the Southern California Minority Business Development Council.

Please contact the Council at (213) 689-6960 or email us at info@scmbdc.org if you have any questions regarding this matter. I look forward to welcoming you to our Council as a reciprocal certified MBE and hope to learn more about your company in the very near future.

Sincerely

John W. Murray, Jr.
President

Enclosure

**National Minority Supplier Development Council
MBE Reciprocal Certification Application**

Date of application: _____

1. Company : _____

2. Parent Company: _____

3. Key Contact (s) Name (preferably owner/principal): _____

4. Key Contact's Title: _____

5. Street Address: _____

6. City: _____ 7. State: _____ 8. Zip: _____

9. Mailing Address [if different]: _____

10. City: _____ 11. State: _____ 12. Zip: _____

13. Telephone: _____ 14. Fax Number: _____

15. Website Address: _____ 16. E-mail Address: _____

17. Employer's ID Number/Federal ID Number: _____ and/or

Social Security Number : _____

18. **Date Business was established:** _____

19. Type of Acquisition (check one below):

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

Date of Acquisition: _____

20. **Does your firm hold 8(a) certification?** Yes No

If "yes", what is your 8(a) certification number: _____

21. A. Number of Employees: Full Time _____ Part Time _____

21. B. Number of Minority Employees: _____

22. **Identify your home council** (the council nearest to your business with whom you first certified with), and the date you were certified. Please identify the council by their full council name.

Council: _____ Date Certified: _____

23. **List any other councils** with whom you have reciprocal certification status with. Please identify the council by their full council name.

Council: _____

Council: _____

24. Geographical Market:

- Local
- Regional
- National
- International

25. Type of Legal Business Structure:

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

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

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

27. 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.

28. NAICS Codes (s): _____

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

29. Are the Minority Owners who make up at least 51% ownership of the company all citizens of the United States?

- Yes No (include proof)

30. Identify Minority Ownership and control of your company by identifying the owners by their ethnic origin and gender and filling in the percent ownership of the person(s) who own & control the company.

- | | | | |
|---|-------|---|-------|
| <input type="checkbox"/> BLM - African American Male | ____% | <input type="checkbox"/> BLF - African American Female | ____% |
| <input type="checkbox"/> HIM - Hispanic American Male | ____% | <input type="checkbox"/> HIF - Hispanic American Female | ____% |
| <input type="checkbox"/> NAM - Native American Male | ____% | <input type="checkbox"/> NAF - Native American Female | ____% |
| <input type="checkbox"/> APM - Asian-Pacific Amer. Male | ____% | <input type="checkbox"/> APF - Asian-Pacific Amer. Female | ____% |
| <input type="checkbox"/> AIM - Asian-Indian Amer. Male | ____% | <input type="checkbox"/> AIF - Asian-Indian Amer. Female | ____% |

Ethnic group status shall be determined on the basis of the definition in the guidelines. Provide documentation, i.e., birth certificate, and any and all such materials to show ethnic group status as described above.

AFFIDAVIT

The undersigned swears 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. Further, the undersigned agrees to provide through the prime contractor or, if no prime contractor, directly to the grantee current, complete and accurate information regarding actual work performed on the project, the payment therefore and any proposed changes, if any, of the foregoing arrangements and to permit the audit and examination of books, records and files of the named firm.

I am executing this affidavit, and state 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: _____

NAME: _____

TITLE: _____

DATE: _____

CORPORATE SEAL (where appropriate)

DATE: _____

STATE OF: _____

COUNTY OF: _____

On this _____, Day of _____, 20____ before me appeared (name) _____

(SEAL)

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____