



## Minority Business Enterprise (MBE) **Re-certification Application**

Annual Re-certification is the process required to maintain your certification status as outlined by the National Minority Supplier Development Council, Inc. and the affiliated Council in order to maintain your certification status as a Minority Business Enterprise (MBE). In order to maintain your status without interruption, simply complete the application, sign and submit the supporting documents as outlined below.

If there have/has been any changes in ownership, management or business structure of your company since you were last certified, please contact the Grand Canyon Minority Supplier Development Council at 602-495-9950.

### REQUIREMENTS

1. The following documents are required with your completed and signed re-certification application:
  - Re-certification Application (Completed, and signed)
  - A complete copy (all pages including schedules) of the Latest Federal Income Tax Returns\*
  - Re-certification Fees
  - Signed Affidavit
  - \*For corporations and LLC's only\* - last meeting minutes of the Board of Directors
2. If your company has undergone structural changes (i.e. sole proprietor to partnership, incorporated, LLC) please contact the Council to be informed of the additional information you must submit for you re-certification.
3. If your company name has changed, submit d.b.a. or assumed name certificate.
4. If your company has changed its commodity or service description and/or ownership, you will be required to submit new application.

### INSTRUCTIONS

1. ALL APPLICANTS MUST SIGN AND DATE THE AFFIDAVIT ON THE FOLLOWING PAGE.
2. Notate all changes directly on the re-certification application.
3. Return application, attachments, supporting documentation, and Re-certification fees (annual month) to 6340 East Thomas Rd. Suite 220, Scottsdale, AZ 85251. Checks should be made payable to GCMSDC.
4. Direct questions to GCMSDC office at (602) 495-9950

Re-Certification is not automatic. It is your responsibility to comply with the policies and procedures of the National Minority Supplier Development Council (NMSDC).

**ALWAYS KEEP A COPY OF EVERYTHING YOU SUBMIT FOR YOUR RECORDS.  
WE DO NOT PROVIDE COPIES.**

# AFFIDAVIT

I have completed the application for Re-certification with \_\_\_\_\_ MSDC, Inc. and hereby certify that the information contained herein is true and accurate to the best of my knowledge and belief. I understand that completion of this form (together with any and all attachments thereto) will not be the solo criteria of determining continued eligibility for certification status.

I also understand that once accepted re-certification by the \_\_\_\_\_ MSDC can be terminated in accordance with the rules and regulations of the National Minority Supplier Development Council, Inc. (NMSDC). Termination may be based upon, but not necessarily limited to, the following.

1. Cessation of business operation by the minority business concern.
2. Submitted documentation found to faulty, or documents that relates to the ownership, management, control, sale, exchange or transfer of ownership that is received, or intentionally not submitted in order to gain or maintain certification based on the qualified minority owners status.
3. Failure or refusal to allow our MSDC representatives access to and the opportunity to inspect the applicant company's place of business.
4. The sale, exchange or transfer of ownership of the minority business concern, if such transactions result in a loss of ownership, control or management of the business concern by minority group members.

I further state that the company in whose name certification is requested continues to be owned, controlled and operated by minority group member(s).

## PLEASE CHECK ONE BOX ONLY !

- I hereby certify that no changes have taken place in the minority ownership, operation or control of my Company since last certified.
- I hereby attest that changes have taken place in the minority ownership, operation or control of my Company since last certified. Documentation is enclosed.

\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
Company Name (Please Print)

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

\_\_\_\_\_  
Date

Please complete this application in its entirety and forward with payment to the address on the cover of this re-Certification application. Failure to complete application will result in termination of your certification status.

\*The highest minority owner should sign this document. If you are a Sole Proprietorship (owner), partnership (all partners are Required to sign), Limited Partnership or Limited Liability Partnership (General Partner), Corporation (President or CEO), Limited Liability Corporation, (Manager or Member).

<p><b>GCMSDC</b>  <b>RE-CERTIFICATION APPLICATION</b></p>
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Please thoroughly read and answer all questions. Data from this form will be used to update your certified supplier profile in MBISYS, NMBDC's national databases. Submit your completed application, required documents, along with the re-certification fee, to the address on the cover of this re-certification application. Incomplete applications, and applications without the required fees and documentation will not be processed, and no certificate will be issued. All fees submitted to our offices are non-refundable.

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

Company: \_\_\_\_\_

Parent Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address [if different]: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Website Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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. The description below will be placed in NMSDC's database.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Key Contact(s) Name & title \_\_\_\_\_

(Secondary contact for the company) \_\_\_\_\_

Key Contact's Phone: \_\_\_\_\_ Key Contact's e-mail: \_\_\_\_\_

Owner's Name & title \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ Owner's e-mail: \_\_\_\_\_

NAICS Code (s): (limit 5 codes ONLY) \_\_\_\_\_

[www.NAICS.com](http://www.NAICS.com) / [www.census.gov/naics](http://www.census.gov/naics)

Type of Business: Check your current business structure (only one).

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

Type of Legal Business Structure:

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

For additional information about Joint Ventures, Franchises, etc.

Contact the Certification staffer at your home council.

Federal Tax ID Number \_\_\_\_\_

Additional Certifications: Check the different certification(s) your company has obtained.

- City
  CCR  
 State (HUB)
  METRO  
 8(a) Certification
  Other NMSDC Councils (abv state) \_\_\_\_\_  
 CMBL
  Other: \_\_\_\_\_

What are the gross receipts of your firm for each of the past four years? (if in business less than one year, provide gross receipts to date)

Year Ending \_\_\_\_\_ Year Ending \_\_\_\_\_

Year Ending \_\_\_\_\_ Year Ending \_\_\_\_\_

Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Contract \_\_\_\_\_

Number of Minority Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Contract \_\_\_\_\_

Please list each owner proprietor, partner, officer, member, director and stockholder. The name(s) listed should include Minority Group Members and Non-Minority Group Members. Under ownership column note if 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 %
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2				
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2				
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2				
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2				
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2				

Geographic market:  Local  Regional  National  International

Provide three current customer references.

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

Buyer \_\_\_\_\_ Phone \_\_\_\_\_

Product/Service \_\_\_\_\_ Dollar Volume: \_\_\_\_\_

2. Company \_\_\_\_\_

Buyer \_\_\_\_\_ Phone \_\_\_\_\_

Product/Service \_\_\_\_\_ Dollar Volume: \_\_\_\_\_

3. Company \_\_\_\_\_

Buyer \_\_\_\_\_ Phone \_\_\_\_\_

Product/Service \_\_\_\_\_ Dollar Volume: \_\_\_\_\_

## Re-certification Tax Returns

In addition to the completed and signed re-certification application, affidavit and fee please attaché the full copy including schedules from your latest year tax returns (Extensions are acceptable). See the below table for the forms that apply to your business structure. If there are multiple owners of company, you must insure the Schedule K-1 is included in the returns that indicate the percentage of stock ownership for each owner.

EXTENSION – If you have not filed the most current year tax return and filed and extension, please provide a copy of that extension. We will need a copy of that return once filed. PLEASE INCLUDE ALL SCHEDULES WITH YOUR TAX RETURNS.

Legal Business Structure	Tax Form
Sole Proprietorship	Form 1040, Schedule C
*Partnership (General, LP, or LLP)	Form 1065
C Corporation	Form 1120 or 1120 A
S Corporation	Form 1120 S
Limited Liability Corporation/Company (LLC)-single member	1040, Schedule C or Form 1065
**Limited Liability Corporation/Company (LLC)-multiple members	Form 1065 or Form 1120

*Thank you for your interest and intent to continue to us the NMSDC network to expand and improve your business operation.*