

NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL (Kentuckiana Minority Business Council)

MBE RECIPROCAL CERTIFICATION APPLICATION

(\$200.00 Non-refundable Processing Fee) make check payable to KMBC

DATE: _____ CHECK#: _____

SECTION I

NAME OF FIRM: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ OWNER'S NAME: _____

BUSINESS PHONE: _____ SSN/FEDERAL TAX I.D.: _____ FAX NO. _____

EMAIL ADDRESS _____

YEAR FIRM STARTED: _____ DATE OF ACQUISITION: _____ METHOD OF ACQUISITION (check one)

_____ Bought existing business _____ Started a new business _____ Secured a franchise _____ Merger/Consolidation Other: Specify _____

8(A) CERTIFIED: _____ SINKING FUND NO.: _____ CONTRACT TERMINATION DATE: _____

FULL TIME EMPLOYEES: _____ PART TIME EMPLOYEES: _____ NO OF MINORITY EMPLOYEES: _____

LIST COUNCILS YOU ARE CURRENTLY CERTIFIED WITH AND CERTIFICATION DATE:

Council: _____ Date: _____

Council: _____ Date: _____

SECTION II

GEOGRAPHICAL MARKET: (check as applicable). List states, etc. which the firm serves or is capable of serving.

() Local _____ () Regional: _____

() National: _____ () International: _____

TYPE OF BUSINESS STRUCTURE: (check one)

() C Corporation () I Individual or Individual d/b/a

() P Partnership () S Sole Proprietorship

TYPE OF BUSINESS (check primary function)

() DS Distributor () CC Construction Contractor () MF Manufacturer

() CP Consultants/Professionals () SC Service Contractor () BA Brokers/Agents

NATURE OF BUSINESS: (Provide full descriptive information and relevant SIC CODES)

MINORITY OWNERSHIP: (Specify the ethnic origin and % of ownership of the person(s) who own & control the firm.)

ARE MAJORITY OWNERS CITIZENS OF THE UNITED STATES? _____ YES _____ NO (include proof)

() 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 _____%

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 _____, 200__ Before me appeared (name) _____

(SEAL)

NOTARY PUBLIC _____

MY COMMISSION EXPIRES: _____