

Council Enterprises, Inc.

Serving Wisconsin, Central Illinois and Iowa

Wisconsin Supplier Development Council Reciprocal Certification Application

COST

\$200 per year

INSTRUCTIONS

Please complete the Reciprocal Certification Application below. Then, print, sign and mail to: Council Enterprises, Inc., P.O. Box 8577, Madison, Wisconsin 53708-8577

Date: _____ Check #: _____

SECTION I

Name of Firm: _____

SSN/Federal Tax ID #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Owner's Name: _____

Business Phone: _____

Fax Number: _____

E-mail Address: _____

Website Address (URL): _____

Year Firm Started/Date of Acquisition: _____

Method of Acquisition (check one):
 Bought existing business Started a new business
 Secured a franchise Merger or consolidation
 Other (specify): _____

8(a) Certified: _____ Sinking Fund #: _____

Contract Termination Date: _____

Full-time Employees: _____ Part-time Employees: _____

Minority Employees: _____

Council Enterprises, Inc.
Serving Wisconsin, Central Illinois and Iowa

NMSDC Recertification Application and Certified Supplier Profile Update

List Council(s) you are currently certified with and the certification date(s):

Council: _____ Date: _____

Council: _____ Date: _____

Council: _____ Date: _____

Council: _____ Date: _____

Council: _____ Date: _____

SECTION II

Geographic Market: List states (etc.) which the firm serves or is capable of serving. Check all that apply.

Local: _____

Regional: _____

National: _____

International: _____

Type of Business Structure (check one):

- (C) Corporation (P) Partnership
 (I) Individual/Individual d/b/a (S) Sole Proprietorship

Type of Business (check primary function):

- (BA) Broker/Agent (DS) Distributor
 (CC) Construction Contractor (CP) Consultant/Professional
 (MF) Manufacturer (SC) Service Contractor

Nature of Business (provide descriptive information and relevant SIC Codes):

NMSDC Recertification Application and Certified Supplier Profile Update

Minority Ownership (specify the ethnic origin and percentage [%] of ownership of the person[s] who own and control the firm):

Are Majority Owners Citizens of the United States? (include proof): Yes No

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

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> (BLM) Black American Male: _____% | <input type="checkbox"/> (BLF) Black 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 American Male: _____% | <input type="checkbox"/> (APF) Asian-Pacific American Female: _____% |
| <input type="checkbox"/> (AIM) Asian-Indian American Male: _____% | <input type="checkbox"/> (AIF) Asian-Indian American Female: _____% |

AFFIDAVIT

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations and 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

Council Enterprises, Inc.
Serving Wisconsin, Central Illinois and Iowa

NMSDC Recertification Application and Certified Supplier Profile Update

- 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.

Any material misrepresentation will be grounds for initiating action under Federal or State laws concerning false statements.

Signature: _____

Printed 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: _____