

NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC.

NMSDC RECERTIFICATION APPLICATION

Cost: \$150 per year

Direction: Please complete the Recertification Application below. Then print, sign and mail this application **along with a copy of your company's most recent IRS tax return** (see page 2) to: Council Enterprises, Inc., P.O. Box 8577, Madison, Wisconsin 53708-8577.

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 or www.census.gov/naics

14. PRODUCT/SERVICE DESCRIPTION:

15. 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	<input type="checkbox"/> Service Contractor (SC)
<input type="checkbox"/> Distributor (DS)	<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