

MBE Pre-Qualification Application

Today's Date:	
Company:	
DBA (if applicable):	
Owner's First Name:	Owner's Last Name:
Salutation:	
Address:	
City/State:	Zip:
Phone:	Fax:
Email:	
<input type="checkbox"/> I do solemnly declare and affirm, under the penalties of perjury, that the following statements regarding my firm and ownership thereof are accurate and true and that I am authorized on behalf of the named firm to do so.	
At least 51% ownership of my firm can be classified as being held by a citizen of the United States and is a minority in one of following groups: <ul style="list-style-type: none"> <input type="checkbox"/> African _____ <input type="checkbox"/> Hispanic _____ <input type="checkbox"/> Native American _____ <input type="checkbox"/> Asian-Pacific _____ <input type="checkbox"/> Asian-Indian _____ 	
<input type="checkbox"/>	I understand that a Minority Business Enterprise (MBE) is an independent for profit enterprise, regardless of size, located in the United States or in one of its trust territories, which is owned and controlled by an ethnic minority.
<input type="checkbox"/>	I can produce the following documents required for certification by the Southern Florida Minority Supplier Development Council: <ul style="list-style-type: none"> *Proof of Minority Status and U.S. Citizenship (i.e. birth certificates, passports, naturalization certificates). * Tax return including all schedules and financial statements from most recent completed fiscal year. *Lease Agreements or Warranty Deeds. *Copies of all occupational and industry specific licenses. *Proof of 51% ownership and control by a minority concern.

Payment Options

Payment must be received in **FULL** before the application can be processed.
The Certification Fee is Non-refundable.

Credit Card Authorization Form**Payment Type**

Visa MasterCard AmEx Discover Check

Card Expiration Date:

Card No.:

ccv# :

Name on Card:

Membership Dues (Annual)

- | | |
|---|------------|
| <input type="checkbox"/> Gross sales \$1 million and under | Due: \$300 |
| <input type="checkbox"/> Gross sales over \$1 million to \$5 million | Due: \$475 |
| <input type="checkbox"/> Gross sales over \$5 million to \$10 million | Due: \$625 |
| <input type="checkbox"/> Gross sales over \$10 million | Due: \$800 |

Total Amount to be billed: \$**Signature of Business Owner:**

Print First Name:

Print Last Name: