

MBE Re-certification Application

Today's Date:	Certification Expiration Date:
Company Name:	
DBA (if applicable):	
Website Address:	
Street Address:	
City/State:	Zip:
Mailing Address (if different):	
Phone:	Fax:
Owner's First Name:	Owner's Last Name:
Owner's Title:	Owner's Email:
Contact's First Name:	Contact's Last Name:
Contact's Title:	Contact's Email:
<p>MANDATORY NAIC CODE(S): (go to www.census.gov/naics)</p>	
<p>Product/Services Description:</p> 	
<p>Business Type:</p> <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Construction Contractor <input type="checkbox"/> Consultant or Professional <input type="checkbox"/> Services Contractor <input type="checkbox"/> Broker/Agent	<p>Business Structure:</p> <input type="checkbox"/> Sole proprietorships <input type="checkbox"/> Partnership <input type="checkbox"/> LLP – Limited Liability Partnership <input type="checkbox"/> LLC – Limited Liability Company <input type="checkbox"/> C - Corporation
<p>Geographical Market:</p> <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International	<p>Other Certifications:</p>
No. of Employees:	No. of Minority Employees:
SSN/Federal Tax I.D./EIN:	RMSDC: FL
Years Established:	Prior Year's Annual Sales: \$

References (Major business clients)

1. Company:

Location:

Contact:

Contact Email:

2. Company:

Location:

Contact:

Contact Email:

3. Company:

Location:

Contact:

Contact Email:

Banking Information

Bank Name:

Location:

Please Select One Box

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:

PLEASE REMEMBER: ANY CHANGE IN OWNERSHIP, CONTROL OR MANAGEMENT WHICH COULD AFFECT YOUR CERTIFICATION STATUS AND IS NOT REPORTED WITHIN 30 DAYS OF SAID CHANGE WILL RESULT IN YOUR IMMEDIATE DECERTIFICATION.

Required Documentation for Re-Certification

- 1. This Online Re-Certification Form fully completed and signed.**
- 2. Prior year's Tax Return for the Company, signed. (Please include ALL pages.)**

Payment Options

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

Credit Card Authorization Form

Payment Type: Visa MasterCard AmEx Discover Check

Card No.:

ccv#:

Expiration Date:

Name on Card:

Re-certification Fees (Annual)

<input type="checkbox"/> Gross sales \$1 million and under	Due: \$250
<input type="checkbox"/> Gross sales over \$1 million to \$5 million	Due: \$375
<input type="checkbox"/> Gross sales over \$5 million to \$10 million	Due: \$500
<input type="checkbox"/> Gross sales over \$10 million	Due: \$700

Make a Donation to the Council

The Southern Florida Minority Supplier Development Council is a non-profit tax exempt 501(c)(3) organization. Contributions to the SFMSDC are tax deductible to the extent of the law. The mission of the SFMSDC is to link Corporations and Government Agencies with Minority Business Enterprises (MBEs) to foster business development and expansion. Our vision is a diverse and inclusive environment where economic success is achieved. **Join us in achieving our mission and vision by agreeing to support our programs and services by making a tax deductible contribution to the SFMSDC.**

Please indicate your commitment level

<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400
<input type="checkbox"/> \$500	<input type="checkbox"/> \$600	<input type="checkbox"/> \$800	<input type="checkbox"/> \$1,000
<input type="checkbox"/> Other Amount: \$			

Please select a program:

<input type="checkbox"/> Technology	<input type="checkbox"/> MBE Scholarships
<input type="checkbox"/> Technical Assistance	<input type="checkbox"/> General Support

Thank you for your support. We look forward to our continued relationship.

Signature of Business Owner:

Print First Name:	Print Last Name:
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Certificate Number: FL