

## MBE Reciprocal Re-certification Application

Company Name:

DBA (if applicable):

Today's Date:

Certification Expiration Date:

Website Address:

Street Address:

City/State:

Zip:

Mailing Address (if different):

City/State:

Zip:

Phone:

Extension:

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:

MANDATORY NAIC CODE(S)

(go to [www.census.gov/naics](http://www.census.gov/naics))

**Product/Services Description:**

Business Type:

- Distributor
- Manufacturer
- Construction Contractor
- Consultant or Professional
- Services Contractor
- Broker/Agent

Business Structure:

- Sole proprietorships
- Partnership
- LLP – Limited Liability Partnership
- LLC – Limited Liability Company
- C - Corporation

Geographical Market:

- Local
- Regional
- National
- International

Other Certifications:

No. of Employees:

No. of Minority Employees:

RMSDC: FL	SSN/Federal Tax I.D./EIN:
Years Established:	Prior Year's Annual Sales:
<b>References (Major business clients)</b>	
1. Company:	Location:
Contact:	Contact Email:
2. Company:	Location:
Contact:	Contact Email:
3. Company:	Location:
Contact:	Contact Email:
<b>Banking Information</b>	
Bank Name:	Location:
<b>Please Select One</b>	
<input type="checkbox"/> I hereby affirm that no changes have taken place in the minority ownership, control or management my company since last certified.	
<input type="checkbox"/> I hereby attest that changes have taken place in the minority ownership, control or management of my company since last certified. Documentation is enclosed.	
Username (Certificate Number):	
Principal's Signature:	Date:
<p><b>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.</b></p>	
<b>Required Documentation for Re-Certification:</b> <b>1. This Online Re-Certification Form fully completed and signed.</b> <b>2. Prior year's Tax Return for the Company, signed. (Please include <u>ALL</u> pages.)</b>	
<b>Payment Options</b>	
<p style="text-align: center;">Payment must be received in <b>FULL</b> before the application can be processed.  <b>The Re-certification Fee is Non-refundable.</b></p>	
<b>Credit Card Authorization Form</b>	
<b>Payment Type</b>	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/> Discover <input type="checkbox"/> Check	

Card No.:		ccv#:
Card Expiration Date:		
Name on Card:		
<b>Re-certification Fees (Annual)</b>		
<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	
<b>Make a Donation to the Council</b>		
<p>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.</p>		
<b>Please indicate your commitment level</b>		
<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
<input type="checkbox"/> \$500	<input type="checkbox"/> \$600	<input type="checkbox"/> \$800
<input type="checkbox"/> Other Amount \$	<input type="checkbox"/> \$400	<input type="checkbox"/> \$1,000
<b>Please select a program:</b>		
<input type="checkbox"/> Technology	<input type="checkbox"/> MBE Scholarships	
<input type="checkbox"/> Technical Assistance	<input type="checkbox"/> General Support	
<b>Thank you for your support. We look forward to our continued relationship.</b>		
<b>Signature of Business Owner:</b>		
Print First Name:	Print Last Name:	
Certificate Number: FL		