

MBE Reciprocal Certification Application

Today's Date:

Referred By:

GENERAL INSTRUCTIONS: This form may be printed, filled out and returned by mail to the SFMSDC. When answers require additional space, use plain white paper. Properly identify the item referred to by the appropriate number. At the top of each additional answer and exhibit, state the name of the applicant, date of application and item number. Please answer all questions as completely as possible; if a particular question does not apply to your business operation, write not applicable (NA) in the space provided. **You must include all attachments requested. The application must be signed, dated and include the application fee.**

Section One

Company Name:

Address:

City/State:

Zip:

Contact's First Name:

Contact's Last Name:

Contact's Salutation: Mr. Ms. Mrs. Dr.

Owner's First Name:

Owner's Last Name:

Owner's Email:

Owner's Salutation: Mr. Ms. Mrs. Dr.

Phone:

Fax:

Email:

SSN/Federal Tax I.D./EIN:

Year Company Started:

Date of Acquisition:

Method of Acquisition

Bought Existing Business

Started a New Business

Secured a Franchise

Merger or Consolidation

Other (If other, Specify):

8(A) Certified: Yes No

of Full-time Employees:

of Part-time Employees:

of Minority Employees:

List Councils you are certified with and certification date.

Council:

Date:

Council:

Date:

Council:		Date:
Section Two		
Geographical Market (check as applicable)		
List states, etc. which the firm serves or is capable of serving		
<input type="checkbox"/> Local		
<input type="checkbox"/> Regional		
<input type="checkbox"/> National		
<input type="checkbox"/> International		
Type of Business Structure (Select one)		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual or Individual d/b/a	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	
Type of Primary Business Function (Select one)		
<input type="checkbox"/> Distributor	<input type="checkbox"/> Construction Contractor	
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Consultants or Professionals	
<input type="checkbox"/> Service Contractor	<input type="checkbox"/> Brokers/Agents	
Nature of Business		
Provide full descriptive information and NAICS CODES		
Minority Ownership		
Are Majority Owners Citizens of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specify the ethnic origin and % of ownership of the person(s) who own & control the firm.		
<input type="checkbox"/> Black American Male	%	
<input type="checkbox"/> Black American Female	%	
<input type="checkbox"/> Hispanic American Male	%	
<input type="checkbox"/> Hispanic American Female	%	
<input type="checkbox"/> Native American Male	%	
<input type="checkbox"/> Native American Female	%	
<input type="checkbox"/> Asian-Pacific Amer. Male	%	

<input type="checkbox"/> Asian-Pacific Amer. Female	%
<input type="checkbox"/> Asian-Indian Amer. Male	%
<input type="checkbox"/> Asian-Indian Amer. Female	%
Ethnic group status shall be determined on the basis of the definition in the guidelines. Provide documentation, i.e., birth certificate, and any and all such materials to show ethnic group status as described above.	
Payment Options	
Payment must be received in FULL before application can be processed. The Certification Fee is Non-refundable.	
Credit Card Authorization Form	
Payment Type	
<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:	
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:
Certificate Number:	