

MBE RECERTIFICATION APPLICATION*

***Renewing MBEs headquartered in Kentucky,
Southern Indiana, and West Virginia**



TRI-STATE MINORITY SUPPLIER DEVELOPMENT COUNCIL
KENTUCKY • SOUTH CENTRAL INDIANA • WEST VIRGINIA
614 W. MAIN STREET, SUITE 5500
LOUISVILLE, KY 40202

NMSDC RECERTIFICATION APPLICATION AND SUPPLIER PROFILE UPDATE

TRI-STATE MINORITY SUPPLIER DEVELOPMENT COUNCIL FORMERLY –
KENTUCKIANA MINORITY BUSINESS COUNCIL (\$250.00 Non-refundable
Processing Fee) make check payable to TMSDC

Instructions: Please fill out the application and submit the company's most recent IRS tax return (see page 2), or have your Certified Public Accountant (CPA) sign this form attesting to accurate submission of the information.**

1. COMPANY NAME: _____ DATE: _____
2. CERTIFICATE NUMBER: _____
3. PARENT COMPANY (if apply): _____
4. MAILING ADDRESS: _____
5. CITY, STATE, ZIP: _____
6. STREET ADDRESS: _____
7. CITY, STATE, ZIP: _____
8. PHONE NUMBER: _____ FAX NUMBER: _____
9. EMAIL ADDRESS: _____ WEB ADDRESS: _____
10. 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**

11. SEND MAIL TO: _____
12. NAIC CODE(S) (LIST ONLY 5): _____ www.naics.com or www.census.gov/naics
13. PRODUCT/SERVICE DESCRIPTION:

14. 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: |

15. NO. OF EMPLOYEES: _____ NO. OF MINORITY EMPLOYEES: _____
16. BUSINESS STRUCTURE: _____
(Firm's legal structure: Sole Prop, Partnership, LLP, LLC, S Corp, C Corp)

17.GEO. MKT: _____ FEDERAL Tax Number: _____

18.YEAR ESTABLISHED: _____ ANNUAL SALES: _____

19.RMSDC: _____ OTHER CERTIFICATIONS: _____

20.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)

CERTIFIED PUBLIC ACCOUNTANT

I hereby affirm that the information submitted on this application is accurate.

CPA's Signature

Date

CPA's Name (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