



Indiana Minority Supplier Development Council (IMSDC)

MBE RECERTIFICATION APPLICATION

GENERAL INSTRUCTIONS

In order to remain a certified MBE of the Indiana Minority Supplier Development Council (IMSDC), annual re-certification is a requirement. Certification with IMSDC is not automatic; it is your responsibility to comply with the requested information and documentation in a prompt manner. Applications received more than 30 days past the expiration date will be subject to de-certification and will be required to submit a new application. All corporate members will be notified of companies not renewing their certification with the IMSDC.

Effective immediately, IMSDC requires the submission of tax forms from all MBEs when requesting re-certification by the IMSDC. In addition, submit any supporting documents if there have been changes in the ownership, management or business structure of your company since you were last certified or re-certified. The following information is required of all current IMSDC MBEs:

1. Please include an email address and answer all questions completely. *If a particular question does not apply to your particular type of business, then enter an explanation in the appropriate space.* Where more information is offered than space permits, write, “see attachment” and attach to this application.

2.

Business Structure	Tax Form Required
S Corporation	1120S
C Corporation	1120
Sole Proprietorship	1040
Partnership LLC	1065
Corporation LLC	1120

3. **The Annual Re-certification fee is \$225.00.** Payment must accompany the application. To make payment with your Visa, MasterCard or American Express, please complete the credit card information on page 5.

Please return the application, sign and date the affidavit at the bottom, any attachments, documents and non-refundable application-processing fee (Made payable to IMSDC) to:

**IMSDC
Attn: Certification Department
2126 N. Meridian Street
Indianapolis, IN 46202**

If you have any questions on any of the above, the content of this application or the Regional Council in general, please call us at (317) 923-2110. Thank you for renewing your certification.

**IMSDC MBE RECERTIFICATION
APPLICATION**

Date: ____/____/____ (Month, Day, Year)

SECTION I. GENERAL INFORMATION

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Fax Number: (____) _____

E-mail Address: _____ Website: _____

(Required field)

Principal Name: _____

Principal Title: _____

Contact Person & Title: _____

(E-mail Address)

SECTION II. OWNERSHIP INFORMATION

Please Check One Box Only!

I hereby certify that no changes have taken place in the minority ownership, operation or control of my company since last certified.

I hereby attest that changes have taken place in the minority ownership, operation, or control of my company since last certified. Documentation is enclosed. (Documentation to support changes, i.e., stock certified copies (both sides), corporate resolutions, purchase agreements, copies of canceled checks etc.)

_____ Date: ____/____/____

Principal's Signature

_____ **Principal's**
Name and Title (Please Print)

List all shareholders, directors, officers, or outside firms that hold an interest in the company, along with minority classification (Black, Hispanic, Asian Indian, Asian Pacific, Native American).

Name and Title

Shares

Minority Group

SECTION III. BUSINESS AND OPERATION INFORMATION

Type of Business

(Check one)

Legal Structure

- Manufacturing
- Construction
- Service
- Distributorship
- Broker
- Professional Services
- Finance
- Transportation
- Other

- Proprietorship
- Partnership
- Corporation
- LLC

Year Established: _____

Employer Identification # or Social Security #: _____

Number of Employees: _____ Number of Minority Employees: _____

Geographic Market:

- Local
- Regional
- National
- International

Annual Sales: \$ _____ Year: _____

(Required Field)

8(A) Certified: Yes No Other certifications: _____

State Certified: Yes No If no, would you like State Certification Yes No

List your three (3) major customers:

1. _____
2. _____
3. _____

NAIC Code(s): _____, _____, _____, _____, _____

www.census.gov/epcd/www.naics.html (REQUIRED FIELD – LIMIT 5 CODES)

(www.census.gov/epcd/www.naics.html)

Product/Service Description:

SECTION IV. AFFIDAVIT

I have completed the application for re-certification with the Indiana Minority Supplier Development Council, (IMSDC) and hereby certify that the information contained herein is true and accurate to the best of my knowledge and belief. I understand that completion of this form (together with any and all attachments thereto) will not be the sole criteria for determining continued eligibility for certified status.

I also understand that once accepted certification in the IMSDC/NMSDC can be terminated in accordance with the rules and regulations of the network. Termination may be based upon, but not necessarily limited to, the following:

1. Cessation of business operation by the minority business concern.
2. A finding by representatives of the IMSDC that false information was knowingly supplied in preparing the application.
3. Withholding notice from or failure to provide timely notice to the Regional Council of the transfer or loss of ownership, management and/or control of the business by the minority group members.
4. Failure or refusal to allow regional council representatives access to and the right to inspect the applicant company's place of business.
5. The sale, exchange, or transfer of ownership of the minority business concern, if such transaction results in a loss of control or ownership of the business concern by minority group members.

I further state that the company in whose name certification is requested continues to be owned, controlled and operated by minority group member(s).

Date: ____/____/____

By: _____
 President

 Secretary

State of Indiana)
) ss:
 County of)

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this _____ day of _____, 20____.

 Signature

 Printed
 NOTARY PUBLIC

My Commission Expires:

 County of Residence:

Note: *In the case of partnership, all partners are required to sign.*

