



Dear Minority Business Enterprise:

Thank you for your interest in obtaining Reciprocal Certification with the Indiana Minority Supplier Development Council (IMSDC). After you are IMSDC certified, it is our hope that your certificate of certification will be one of your most valuable business possessions.

Please return the following items to become certified with IMSDC:

- Completed IMSDC Reciprocal Services Application
- Current copy of your certificate of certification. The certifying Council must be an affiliate of the National Minority Supplier Development Council (NMSDC)
- Non-refundable \$225.00 processing fee. The certification process will not begin until the processing fee is received. Please make checks payable to: IMSDC. If paying by credit card please complete page 2.

Mail application and payment to:

Indiana Minority Supplier Development Council
Attention: Certification Department
2126 North Meridian Street
Indianapolis, IN 46202

Please be advised that your IMSDC Affiliation is dependent upon your certification with your Regional Council. Your Reciprocal Certification with IMSDC will expire on the same date as your certification with your Regional Council.

If you have any questions please do not hesitate to call us at (317) 923-2110.

**INDIANA MINORITY SUPPLIER DEVELOPMENT COUNCIL
MBE RECIPROCAL SERVICES APPLICATION**

Date: ____/____/____

Check #: _____

SECTION I.

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Principal Name: _____

Principal Title: _____

Business Phone: (____) _____ Fax No.: (____) _____

E-mail Address: _____ Website: _____

SSN/Federal Tax I.D. #: _____

Year Firm Started: _____

8(A) Certified: _____ (Yes/No)

No. of Employees: _____ No. of Minority Employees: _____

List Councils you are Currently Certified with and Certification Date:

Council: _____

Date: _____

Section II.

Geographical Market: *(Check as Applicable)*

- Local
- Regional
- National
- International

Type of Business

(Check one)

- Distributor
- Construction Contractor
- Manufacturer
- Consultants/Professionals
- Service Contractor
- Brokers/Agents
- Other _____

Legal Structure

- Corporation
- Proprietorship
- Partnership
- LLC

NAICS Codes: _____, _____, _____, _____, _____
(www.census.gov/epcd/www.naics.html)

Description of Product/Service:

Credit Card Information *(Only complete this section if you are using your credit card to pay the \$225.00 processing fee.)*

Visa _____ Mastercard _____ American Express _____

Cardholder: _____

Card Number: _____ Expiration Date: _____

Signature: _____

AFFIDAVIT

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____, as well as the ownership thereof. Further, the undersigned agrees to permit the audit and examination of books, records and files of the named firm.

I am executing this affidavit, and state that I am properly authorized by (Name of Firm) _____, to execute the affidavit and am doing so as a free act and deed.

Furthermore, I understand that I may not:

1. Fraudulently obtain, retain, attempt to obtain nor aid another in fraudulently obtaining or retaining or attempting to obtain minority business enterprise certification or
2. Willfully make a false statement, whether by affidavit, report, or other representation, to IMSDC staff for the purpose of influencing the certification or denial of certification of any entity as a minority business enterprise; or
3. Willfully obstruct, impede, or attempt to obstruct or impede IMSDC staff investigating the qualifications of a business entity that has requested certification as a minority business enterprise.
4. Any material misrepresentation will be grounds for initiating action under Federal or State laws concerning false statements.

Signature: _____

Name: _____

Title: _____ Date: ____/____/____

Notary

Date: ____/____/____ State of: _____

County of: _____

On this _____, day of _____, 20__ before me appeared (name) _____

(Notary Seal)

Notary Public: _____

My Commission Expires: _____