



The Uniform Certification Agency Certification Application

Regular Mailing Address:

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158 Madison Avenue, Suite 300
Memphis, TN 38103



NOTICE

A NON-REFUNDABLE FEE OF \$250.00 IS REQUIRED WITH ALL MBE OR WBE APPLICATIONS SUBMITTED ON OR AFTER SEPTEMBER 1, 2005

STOP!

PLEASE READ BEFORE STARTING THIS APPLICATION

1. The turnaround time for processing an application is 90 days. The process will not begin until a completed application is received.
2. An application is not complete until all the supporting documents are submitted. Omission of information may be cause for this application not receiving timely and complete consideration.
3. Additional information may be required during the processing period.
4. Applicant agrees to allow the certifying agency representative(s) access to a site visit/interview at the applicant's place of business.
5. Applicants seeking Disadvantaged Business Status must complete a DBE application which is a separate application.

General Instructions

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. When additional space is required, use plain white paper. Properly identify the item referred to by the appropriate number. At the top of each additional sheet and exhibit, state the name of the applicant, date of application and item number. The application must be signed, notarized and dated.

Date of Application _____ / _____ / _____ (mm/dd/yyyy)

Certifications:

8a Certification Number _____ Other (ISO 9000, HUB Zone, etc...) _____

The North American Industry Classification System (NAICS), which replaced SIC codes in 1997, are a set of codes based on industries, which identifies the activities a business is engaged in (Please make sure to list **all your codes):**

NAICS Code(s) _____, _____, _____, _____, _____, _____, _____, _____
(Please use website to identify industry codes <http://www.census.gov/eos/www/naics/>)

Ownership Classification:

Minority Business Enterprise (MBE)

Women Business Enterprise (WBE)

I. BUSINESS INFORMATION

Name of Business _____ D&B Number _____

Contact Person _____ Title _____

Business Address _____

City _____ State _____ County _____ Zip _____

Mailing Address (if different) _____

Office Number (_____) _____ Fax (_____) _____ Mobile (_____) _____

E-Mail _____ Website _____

Date Business Was Established _____ / _____ / _____ (mm/dd/yyyy)

Has this business ever existed under a different name? If so, list different name(s) _____

Method of Acquisition (Check one)

Bought existing business

Started business

Secured franchise

Merger or consolidation

Other (please specify) _____

Date of Acquisition _____ / _____ / _____ (mm/dd/yyyy)

For Office Use Only

Stamp Here

Products and/or Services

Describe in detail your primary line of business _____

Secondary product/service offerings _____

Can you supply products/services: Local Regional National International

Legal Structure (check one)

Proprietorship Partnership Corporation Limited Liability Company

Other _____

Number of Actual Employees - Total Number _____

Male _____ Female _____ Black _____ Asian Indian _____ Hispanic _____

Asian Pacific _____ American Indian _____ Aleut _____ Other _____

Federal ID Number: _____ (or) SSN: _____

Type of Business (check one)

Manufacturing Professional Services Construction Finance Transportation

Consulting Distributorship Other _____

II. CUSTOMER BUSINESS REFERENCE

Customer Name _____ Plant _____

City _____ Telephone _____

Buyer _____

Product/Service _____ Dollar Volume \$ _____

Customer Name _____ Plant _____

City _____ Telephone _____

Buyer _____

Product/Service _____ Dollar Volume \$ _____

Customer Name _____ Plant _____

City _____ Telephone _____

Buyer _____

Product/Service _____ Dollar Volume \$ _____

III. BANK AND CREDIT REFERENCES

List Your Bank(s) and Credit References*

Name of Institution _____

Address _____

City _____ State _____ Zip _____

Type of Account _____ Credit Line _____

Name of Bank Officer _____

Title _____ Telephone _____

List Your Bank(s) and Credit References *

Name of Institution _____

Address _____

City _____ State _____ Zip _____

Type of Account _____ Credit Line _____

Name of Bank Officer _____

Title _____ Telephone _____

List Other Credit References *

Name of Institution _____

Address _____

City _____ State _____ Zip _____

Type of Account _____ Credit Line _____

Name of Bank Officer _____

Title _____ Telephone _____

*** Please submit copies of all existing banking resolutions along with signature cards.**

IV. CONSTRUCTION INFORMATION (if applicable)

Trade Specialty _____ Bonding Capacity \$ _____

Bonding Agent * _____

Authorities/Licenses (list all professional licenses) _____

Union Name _____ Union Affiliation _____

Union Local _____

Project Name (most recent) _____ Project Name (largest) _____

Geographical Area _____ Geographical Area _____

Start Date _____ / _____ / _____ Start Date _____ / _____ / _____

Finish Date _____ / _____ / _____ Finish Date _____ / _____ / _____

Dollar Value \$ _____ Dollar Value \$ _____

*** Please send copy of bonding certificate**

V. TRANSPORTATION INFORMATION (Transportation Carriers Only)

- 1. Operating Status Independent Carrier Common Carrier
- 2. List the commodities you normally transport 1. _____ 2. _____
- 3. Operating Authorities Interstate Intrastate
- 4. Insurance Carrier*
Please submit proof of insurance coverage
- 5. List All Vehicles and Equipment

Vehicles and Equipment _____ Owned Leased? Registration No. _____
 Vehicles and Equipment _____ Owned Leased? Registration No. _____
 Vehicles and Equipment _____ Owned Leased? Registration No. _____

*** Please forward copies of all applicable vehicle titles and/or lease agreements with this application.**

VI. TRANSPORTATION INFORMATION (Transportation Carriers Only)

Plant Address _____
 City _____ State _____ Zip _____
 (Area Code) Telephone _____ Plant Manager _____
 Facilities Total Available Space _____ Office Square Feet _____

VII. EQUIPMENT INFORMATION

List your basic operating equipment

- 1. _____ Owned Leased 2. _____ Owned Leased
- 3. _____ Owned Leased 4. _____ Owned Leased

*** Please provide copy of lease agreement(s)**

VIII. MANAGEMENT INFORMATION

- A. List the names of each proprietor, partner, officer, director and stockholder. The name listed should include Minority Group Members and Non-Minority Group Members. Under ownership column note if **S** (Stockholder, Proprietor or Partner), **D** (Director) and/or **O** (Officer).
- B. Insert the appropriate code letter corresponding to the group in which he/she claims membership in accordance with the following:

Ownership Classification:

BLM Black American Male **BLF** Black American Female **HIM** Hispanic American Male
HIF Hispanic American Female **NAM** Native American Male **NAF** Native American Female
APM Asian-Pacific American Male **APF** Asian-Pacific American Female **AIM** Asian-Indian American Male
AIF Asian-Indian American Female **WAM** White American Male **WAF** White American Female

Citizen Status 1=By Birth 2=Naturalized Citizen

Name & Title of owner(s)	Ownership Classification	Gender	Percentage of Ownership	Citizen Status	Voting Percentage

*ownership must equal 100%

- C. Does the applicant's business have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern? Check One: Yes No

If yes, provide the name, address, and telephone number of the subsidiary, affiliate or parent. Also, describe the relationship of the applicant company to the subsidiary, affiliate or parent. Use a separate sheet of paper.

- D. Does the applicant business concern, or any person listed in item VIII (B) above have or intend to enter into any type of agreement with any other concern or person which relates to or affects the on-going administration, management or operations of the applicant concern? Check One: Yes No

Such agreements include, but are not limited to, management and joint venture agreements, any arrangement of contract involving the provision of such compensated services as administrative services, marketing, production and other types of compensated services. If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.

- E. Is the applicant business concern involved in any present or pending lawsuit? Check One: Yes No
If yes, provide details on a separate sheet.

- F. Is the applicant business concern involved in a bankruptcy or insolvency proceeding?
Check One: Yes No

- G. Have you ever been rejected for certification by any agency? Check One: Yes No

If yes, state by whom: _____

- H. How did you hear about the Mid-South Minority Business Council? _____

THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR CERTIFICATION

Section I. Required Documents for All Applicants

- 1. Proof of Minority Status (Birth Certificate, Passport, or Pictured Driver License) and/or evidence of Disadvantaged Status.
- 2. Current Financial Statement prepared by an independent CPA or Accountant.
(New business: Projection Statement for 1st year)
- 3. Business License (State and Local)

(Complete either Section A, B, or C according to your type of organization)

Section II. Required Documents by form of Legal Organization

A. Corporation

- 1. Prior three-year's Federal Corporate Tax returns including all schedules.
- 2. Resumes of principal of your company showing education, training, and employment with dates.
- 3. Minutes of first corporate organizational meeting.
- 4. Minutes of last two board meetings.
- 5. Articles of Incorporation, and Amendments (copies).
- 6. Certificate of Existence.
- 7. Copies of all stock certificates issued (front and back) and stock ledger.
- 8. Corporate By-Laws.
- 9. Proof of Equity Contribution/Stock Purchase.
- 10. Copies of third party agreements, such as rental or management service agreements (if applicable).
- 11. If a "Foreign Corporation", a copy of authority to do business in Tennessee.
- 12. Corporate resolution for all bank accounts.
- 13. Equipment List.
- 14. Other _____

B. Partnership

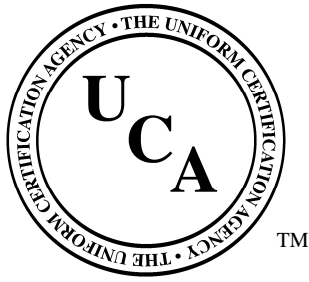
- 1. Prior three-year's Federal Partnership Tax returns, including all schedules.
- 2. Resumes of all partners showing education, training, and employment with dates.
- 3. Partnership Agreement.
- 4. Buy-out rights agreement.
- 5. Profit Sharing agreement.
- 6. Proof of capital/equity invested.
- 7. Equipment List.
- 8. Partnership bank signature card or Partnership bank resolution.
- 9. Other _____

C. Sole Proprietor

- 1. Prior three-year's Federal Sole Proprietorship Tax returns, including all schedules.
- 2. Resumes: sole proprietor, superintendents, foreman, and/or supervisor.
(Listing education, training, and employment with dates).
- 3. Equipment rental and purchase agreements.
- 4. Management service agreements.
- 5. Proof of capital/equity invested.
- 6. Equipment List.
- 7. Sole Proprietorship Bank Resolution or Bank Signature Card.
- 8. Copies of all MBE and WBE, and/or DBE certifications if available.
- 9. Other _____

D. Limited Liability Company

- 1. Prior three years Federal Partnership Tax returns including all schedules (include same information for affiliate firms).
- 2. Resumes of principals of your company showing education, training, and employment with dates.
- 3. Minutes of first LLC organizational meeting.
- 4. Minutes of last two member or board meetings.
- 5. Articles of Organization and amendments (copies).
- 6. Certificate of Existence or Good Standing with the State.
- 7. Certificate of Membership evidencing financial interest in LLC.
- 8. Operating Agreement.
- 9. Proof of Capital Invested (cancelled checks, receipts, stock).
- 10. Copies of third party agreements, such as rental/lease or management service agreements (if applicable).
- 11. If a "Foreign Corporation", copy of authority to do business in Tennessee.
- 12. Corporate resolution for all bank accounts or (bank signature card(s)).
- 13. Equipment List.
- 14. Copies of MBE/WBE/DBE Certificates (if applicable).
- 15. Other _____



NON-DBE AFFIDAVIT

(Note: The Non-DBE Affidavit should be completed if you do not wish to submit the personal net worth statement, the socially and economically disadvantaged statement and the personal tax returns.)

I, _____, of _____, do not wish to participate on federally funded projects. Therefore, I do not wish to seek certification as a Disadvantaged Business Enterprise (DBE). I acknowledge that by signing and notarizing this affidavit that my company will not be eligible to participate on federally funded projects with entities such as the Local Airport Authority and the Local Area Transit Authority.

I agree to hold the certifying agency harmless for any claim arising out of this Statement and I agree to Indemnify the agency for any liability in connection with the certification of the applicant.

(Seal)

Signature of Applicant

Date

Printed Name

This _____ Day of _____, 20 _____

Notary Public

My Commission Expires _____

- This Statement must be notarized -

IX. Read the following paragraphs carefully!

Your signature on this application indicates acceptance and understanding of the following conditions.

- A. The certifying agency reserves the right to request further information from the applicant prior to certification.
- B. Applicant agrees to immediately notify the certifying agency of all facts that would result in a failure to satisfy the requirements contained in the guidelines.
- C. Certification may be terminated at any time for good cause by the certifying agency in accordance with the guidelines established by the agency from time to time or for the best interests of the agency.
- D. All information in this application is true and accurate and is submitted for consideration of this certification.
- E. If the certifying agency discovers that a statement has been made herein which the applicant knows to be false, the certification process will be terminated immediately, and the application will be subject to legal prosecution. In addition, reapplication for certification, under these circumstances, will be restricted.
- F. All materials submitted with this package shall only be released to the majority owner upon written request and the presentation of picture identification.
- G. If the application is awarded certification, the applicant agrees to abide by all rules governing their status as may be determined by the agency from time to time.
- H. In the event of an appeal is filed by the applicant, authorization to reproduce and forward all documentation submitted by applicant to the Uniform Certification Agency is hereby granted for consideration by the appeals reviewing agency. Evidence of this consent is indicated by applicant’s notarized signature, which appears below.

The undersigned hereby swears under penalty of law that all statements made in this application are true.

The undersigned agrees to hold the certifying agency harmless for any claim arising out of this application and agrees to indemnify the agency for any liability in connection with the certification of the applicant.

Business Name

Signature of proprietor, all partners or president of corporation.

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

Signature of Applicant _____ Date _____

Printed Name _____

This _____ Day of _____, 20 _____

Notary Public _____

My Commission Expires: _____

**- Application Must Be Notarized -
Mid-South Minority Business Council**



Onboarding Information Document

Company Name: _____ **Date:** _____

CORE BUSINESS QUESTIONS

1. What industry sector(s) do you currently operate in? _____
2. Are you a first, second or third generation business? _____
3. What would be the ideal contract size for your business? _____
4. Any contracts above \$500,000? YES/ NO If so, with whom? _____
5. Largest contract you have ever completed and with whom? _____
6. Can you provide three letters of reference from clients on their experience with you? _____
7. What is your bonding capacity? _____ Insurance limits? _____
8. List any industry certifications, designations, associations, etc. _____

9. List the building square footage, equipment, key assets, etc. _____

BUSINESS OPERATIONS

1. How many shifts do you operate? _____ Is it possible to run multiple shifts? _____
2. Are you comfortable with joint ventures with other minority firms? _____
3. Are you comfortable with joint ventures with a majority firms? _____
4. Do you have at least a second layer of management? YES / NO
5. What percentage of your work is self-performed? _____
6. What is your company's competitive advantage? _____

7. Do you currently have space to expand your operation at your current location? YES / NO
8. What is your company's U.S. footprint? _____
9. Do you currently have any national contracts? YES/ NO If so, with whom? _____



OTHER INFORMATION

1. Write an "x" next to the marketing pieces you already possess.
___ Elevator Speech ___ Company Brochure ___ Power Point ___ Website
2. Do you have a strategic plan? YES/ NO Will you share a copy with us? YES/ NO
3. Are you 8(a) certified? YES/ NO Are you in the 8(a) Mentor/ Protégé program? YES / NO
4. Are you interested in international trade? YES / NO Are you ISO 9000 certified? YES / NO
5. Are you interested in identifying new sources for capital beyond debt financing? YES / NO
6. In the event of a major catastrophe or natural disaster, do you have a business continuity plan for your company? YES/NO If so, what does it consist of? _____

7. How are you currently financing your business operations? _____

8. Name some seminars you feel would be beneficial to your growth? _____

9. What things do you need most to help your business grow? _____

10. Name three corporations you feel would best match your product/service offering(s)?

11. Is there anything else you would like to share with the MMBC about your company?

