

The Uniform Certification Agency Annual Update



THE FOLLOWING MARKED DOCUMENTS ARE REQUIRED FOR RECERTIFICATION:

1. _____ Current year Federal Tax Returns (include all schedules)
2. _____ Signed, completed and notarized UCA Annual Affidavit
3. _____ Non-DBE Affidavit*
4. _____ \$125.00 Annual Recertification Fee

*Please omit No. 3 if you are certified as a Disadvantaged Business Enterprise (DBE).

UNIFORM CERTIFICATION AGENCY - ANNUAL AFFIDAVIT UPDATE

SECTION I.

GENERAL INFORMATION

- 1. Name of Company: _____
- 2. Address: _____
City: _____ State: _____ Zip: _____
- 3. Office: () _____ Fax No: () _____ Mobile: () _____
E-mail address: _____ Website: _____
- 4. Contact Person & Title: _____
- 5. Type of Operation: () Corporation () Partnership () Proprietorship () LLC
- 6. Employer Identification # or Social Security #: _____

SECTION II.

BUSINESS AND OPERATIONAL INFORMATION

- 7. Number of Employees: Total: _____ Total Minority: _____
Part-time: _____ Minority Part-Time: _____
- 8. Gross Revenue: \$ _____ Year: _____
- 9. List three (3) major customers:
(1) _____
(2) _____
(3) _____
- 10. Please describe in detail company product/service offerings:

11. List all your current professional license(s) and/or certification(s):

Type of License/Certification	License/Certification#	Exp. Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Service Areas: Local () State () Region () National () International ()

13. If distributor, list average dollar value of inventory: \$_____

14. If contractor, list bonding capacity: \$_____

SECTION III.

OWNERSHIP INFORMATION

15. Has there been any change in the ownership, management or control of your company since you were last certified/recertified? Yes () No ()

16. If yes, describe these changes and attach relevant documentation to support them, i.e., stock certificate copies (both sides), name change, corporate resolutions, purchase agreements, copies of cancelled checks, etc.

17. List all owners, shareholders, directors, officers, or outside firms that hold an interest in the company, along with minority classification. Attach additional sheet if necessary.

Name and Title	Ownership%	Minority Group (Caucasian, Hispanic etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION IV.

I have completed the application for recertification with the Uniform Certification Agency (UCA) an affiliate of the Mid-South Minority Business Council, Inc. (MMBC) 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 membership.

I also understand that once accepted, membership in the UCA/MMBC can be terminated in accordance with the rules and regulations of the Uniform Certification Agency. Termination may be based upon, but not necessarily limited to the following:

1. Cessation of business operation by the minority or woman business concern.
2. A finding by representatives of the UCA/MMBC that false information was knowingly supplied in preparing the application.
3. Withholding notice from or failure to provide timely notice to the UCA/MMBC 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 UCA 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 named affiliate membership is required continues to be owned, controlled and operated by minority group member(s).

By: _____
President/Partner

Date: _____

Partner

Secretary

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

(SEAL)

Signature of Applicant

Date

Printed Name

Partner Signature (if applicable)

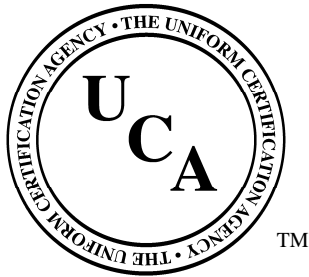
Partner Printed Name

This _____ Day of _____, 20_____

Notary Public

My Commission Expires _____

---Application Must Be Notarized---



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 -