

Name of Business: _____



Out-Of-State-Application

Dear Potential Applicant:

In follow-up to your request for certification with the Tennessee Minority Supplier Development Council (TMSDC), the specific items indicated are needed (if applicable) to consider your company for certification:

TMSDC Certification Application

TMSDC Re-Certification Application

TMSDC Out-Of-State Certification Application

IRS Tax Forms Schedule C (one year preceding application)

Agreements containing options to purchase or otherwise acquire stock

Debt Instruments (notes, bonds, indentures)

Shareholder guarantees for any debt

Articles of Incorporation; Certificate of Incorporation

Voting agreements among shareholders or directors; by laws; stock certificates

Schedule of advances made to corporation by shareholders (past three years)

Birth certificate of minority principals

Assumed Name Document

Indian/Native American Blood Degree Certificate

Minutes of first board or shareholder's meeting and most recent meeting

Bank resolutions; signature cards

Income statement; balance sheet

Partnership agreement

Resume of all principals

Lease agreements (space and equipment)

Interview/site visit (to be scheduled after application received)

Company History

Company literature (brochures, pamphlets, etc.)

Local RMSDC Affiliation (certificate/letter)

Application fee of \$200 (non-refundable and payable to TMSDC)

Other

Upon receipt of the information requested, you will be notified accordingly regarding the status of your application. If you have any questions or need additional information, please contact this office. Thank you.

Tennessee Minority Supplier Development Council, Inc.
Out-Of-State Minority Application
For Certification as a Minority Business Enterprise

Date of Application: ___/___/___

Initial Certification Date ___/___/___

BUSINESS INFORMATION

 NAME OF BUSINESS (Include trade names)

 PRINCIPAL CONTACT/TITLE

 STREET ADDRESS

 P.O. BOX (If Applicable)

 CITY STATE ZIP CODE

 AREA CODE/TELEPHONE NUMBER

 AREA CODE/FAX NUMBER

Minority Group Member(s): (Check One)

_____ Black Americans _____ Asian-Pacific Americans
 _____ Hispanic Americans _____ Asian-Indian Americans
 _____ Native Americans

Legal Structure: (Check One)

_____ Proprietorship
 _____ Partnership
 _____ Corporation

Type of Business: (Check One)

_____ Broker/Agent	_____ Franchise
_____ Concession	_____ Manufacturer's Representative
_____ Construction Contractor	_____ Manufacturing
_____ Consultants/ Prof. Services	_____ Other _____
_____ Distributorship	_____ Services Contractor
_____ Finance	_____ Transportation

Date Established: ___/___/___

Present Number of Employees: _____ Number of Minority Employees: _____

IRS Employer's ID Number: _____

SIC Code(s) _____

8A Certification Number: _____ D & B Number: _____

Annual Sales History For 3 Years Preceding Year of Application
(Including Subsidiaries & Affiliates)

19 _____ \$ _____
 19 _____ \$ _____
 19 _____ \$ _____
 Average Yearly Sales \$ _____ (If new business, give projected yearly sales) \$ _____

Major Products and/or Services Offered: _____

Major Equipment Owned: _____

Bonding Level or Insurer: _____

Geographic Market Served: _____ Local _____ Regional _____ National _____ International

How did you hear about the Council? _____

Present Council Certification location (s): _____

Business References: (Clients or Customers)

Name	Address	City/State	Contact	Area Code/Telephone Number

Bank/Credit References:

Name	Address	City/State	Bank Officer	Area Code/Telephone Number

Additional Comments: _____

Sworn Affidavit

I hereby apply for Council Certification for Affiliate Membership and listing in the local database fully understanding the guidelines regarding the listing of my company as a minority-owned enterprise. I certify that my company is 51% minority-owned and controlled. I agree to hold the TMSDC harmless for any claim arising out of this Application and to indemnify same for any liability incurred in the connection with this application or the certification of the applicant.

The undersigned hereby swears that all statements made in this Application are true.

Owner Signature: _____

Return to:

Tennessee Minority Supplier Development Council, Inc.

Printed: _____

Plaza 1 Building

220 Athens Way, Suite 105

Position: _____

Nashville, TN 37228

TMSDC SUPPLIER PROFILE UPDATE

COMPANY NAME: _____

DATE CERT: _____

PARENT COMPANY: _____

CERT:# _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

CITY, STATE, ZIP: _____

FAX NUMBER: _____

STREET ADDRESS: _____

Email Address: _____

CITY, STATE, ZIP: _____

WEB ADDRESS: _____

OWNER'S NAME/TITLE: _____

OTHER CONTACT: _____

CONTACT TITLE: _____

SEND MAIL TO: _____

NAIC CODE(S): _____

PRODUCT/SERVICE DESCRIPTION: _____

BUSINESS TYPE:	Minority Class:	No. of Employees:
BUSINESS STRUCTURE:	Geographic Market:	Federal Tax #:
YEAR ESTABLISHED:	Annual Sales:	RMSDC: TMSDC

OTHER CERTIFICATIONS: _____

REFERENCES:

COMPANY/LOCATION: _____

COMPANY/LOCATION: _____

BANK NAME/LOCATION: _____

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)

PLEASE REMEMBER: ANY CHANGE IN OWNERSHIP, CONTROL OR MANAGEMENT WHICH COULD EFFECT YOUR CERTIFICATION STATUS AND IS NOT REPORTED WITHIN 30 DAYS OF SAID CHANGE WILL RESULT IN YOUR IMMEDIATE DECERTIFICATION.