

Name of Business: _____



Re-certification Application

MetroCenter, Plaza I Building
220 Athens Way, Suite 105
Nashville, Tennessee 37228
Phone (615) 259-4699/ Fax (615) 259-9480
E-mail: info@tmsdc.net / Website: www.tmsdc.net

Dear Potential Applicant:

In follow-up to your request for re-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)
- TMSDC Supplier Profile (Complete in its entirety for National Database)
- Application fee of \$200 (non-refundable and payable to TMSDC)
- The previous year's Tax Documents

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.

Re-certification Application

For Re-certification as a Minority Business Enterprise

Date of Application: ___/___/___

Re-certification Date: ___/___/___

Initial Certification Date: ___/___/___

SECTION I. GENERAL INFORMATION

1. Name of Company: _____
2. Address: _____
3. City: _____ State: _____ Zip Code: _____
4. Telephone: () _____ Fax No.: () _____
5. Contact Person and Title: _____
6. Legal Structure: () Corporation () Partnership () Proprietorship
7. Employer Identification # _____ or Social Security # _____

SECTION II. OWNERSHIP INFORMATION

1. Have there been any changes in the ownership, management or control of your company since you were last certified/re-certified? Yes () No ()
2. If Yes, describe these changes and attach relevant documentation to support them, i.e., stock certificate copies (both sides), corporate resolutions, purchase agreements, copies of canceled checks, etc.

3. 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 OPERATIONAL INFORMATION

1. Number of Employees: _____ Full Time: _____ Minority Full Time: _____
Part Time: _____ Minority Part Time: _____

2. Gross Revenue: \$ _____ Year: _____

3. List your three (3) major customers:

(2) _____

(1) _____

(3) _____

4. Describe your product line, service or specialty trade: NAIC Code(s) _____

5. Have there been any changes in the product line over the last year? If so, please detail and include documentation to support the changes. _____

6. List all your current Professional and/or Business License(s):

<u>Individual or Firm Name</u>	<u>Type of License</u>	<u>License No.</u>	<u>Exp. Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

8. If Distributor, List Average Dollar Value of Inventory: \$ _____

9. If Contractor, List Bonding Capacity: \$ _____

SECTION IV. AFFIDAVIT

I have completed the application for re-certification with the Tennessee Minority Supplier Development Council, Inc. (TMSDC) 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 TMSDC 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. Finding by representatives of the TMSDC that false information was knowingly supplied in preparing the application.
3. Withholding notice from or failure to provide timely notice to the TMSDC 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 TMSDC representative 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: _____
(Signature of Minority Owner)

(Print Name)

(Title)

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

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.