



Serving Southwest Texas, Oklahoma & New Mexico

MBE Application for Subscription Services

This application is to be submitted only by MBE company wishing to receive subscription services through SMSDC. A company must first be certified through their "home" council prior to applying for subscription services through SMSDC. A copy of your "home" council certification must be provided with this application. A listing of all NMSDC affiliate Councils can found at www.nmsdc.org. **This application must be accompanied by a non-refundable subscription fee listed below and will reflect the same expiration date as your Home Council.**

NAME OF FIRM: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ WEBSITE: _____

CONTACT PERSON: _____ OWNER'S NAME: _____

E-mail Address: _____ E-mail Address: _____

Business Phone: () _____ ext# _____ Fax #: () _____

SSN/Federal Tax I.D.: _____ Year Firm Started: _____

Full Time Employees: _____ No. Of Minority Employees: _____ Gross Annual Sales: _____

List Councils You Are Currently Certified With and Certification Date:
Home Council: _____ Date: _____

GEOGRAPHICAL MARKET: (check as applicable) () Local: () Regional: () National: () International

TYPE OF BUSINESS STRUCTURE: (check one)
() Corporation S or C () LLC () Sole Proprietorship () Partnership () LLP

TYPE OF BUSINESS: (check primary function) () DS Distributor () CC Construction Contractor
() MF Manufacturer () CP Consultants/Professionals () SC Service Contractor () BA Brokers/Agents

NAICS CODES-go to www.census.gov/naics (**MANDATORY**) Limit to 5 please.



SMSDC
Southwest Minority Supplier
Development Council

Serving Southwest Texas, Oklahoma & New Mexico

NATURE OF BUSINESS: (Narrative description)

REFERENCES: (Major business clients):

1. COMPANY: _____ LOCATION: _____

CONTACT: _____ CONTACT E-MAIL: _____

2. COMPANY: _____ LOCATION: _____

CONTACT: _____ CONTACT E-MAIL: _____

MINORITY OWNERSHIP: (Specify the ethnic origin and % of ownership of the person(s) who own & control the firm.)

ARE MINORITY OWNERS CITIZENS OF THE UNITED STATES? _____ YES _____ NO

- | | |
|---|--|
| () 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 Amer. Male _____% | () APF Asian-Pacific Female _____% |
| () AIM Asian-Indian Amer. Male _____% | () AIF Asian-Indian Amer. Female _____% |

Ethnic group status shall be determined on the basis of the definition in the guidelines of the National Minority Supplier Development Council.

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:

- fraudulently obtain, retain, attempt to obtain nor aid another in fraudulently obtaining or retaining or attempting to obtain minority business enterprise certification;
- willfully make a false statement, whether by affidavit, report, or other representation, to state official or employee for the purpose of influencing the certification or denial of certification of any entity as a minority business enterprise; or
- willfully obstruct, impede, or attempt to obstruct or impede any state official or employee who is investigating the qualifications of a business entity which had requested certification as a minority business enterprise.
- any material misrepresentation will be grounds for initiating action under Federal or State law concerning false statements.

SIGNATURE: _____

NAME: _____

TITLE: _____ DATE: _____



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SMSDC SUBSCRIPTION FEES:

- ___ Class 1: Sales under \$1 million - \$450
- ___ Class 2: Sales of \$1 million to \$10 million - \$650
- ___ Class 3: Sales of \$10 million to \$50 million - \$800
- ___ Class 4: Sales over \$50 million - \$1,000

METHOD OF PAYMENT:

___ Charge my credit card – Accept VISA, MasterCard or American Express

Company: _____

City: _____ ST: _____

Name on the Credit Card: _____

Account Number: _____

Expiration Date: Month: _____ Year: _____

Phone: _____