

# Recertification Application

**Note:** This application cannot be processed until OSMBA receives this completed application and the required documents listed on the Check-Off List.

Please provide the following information:

## 1. Business Information

Federal Employer I.D. Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_  
Street PO Box

City State Zip Code

Mailing Address \_\_\_\_\_  
Street PO Box

City State Zip Code

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

County \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

## 2. Legal Structure (check one)

\_\_\_\_ Sole Proprietorship

\_\_\_\_ Partnership

\_\_\_\_ Corporation

\_\_\_\_ Joint Venture

Date business Started \_\_\_\_\_

Date Incorporated \_\_\_\_\_

## 3. Type of Business (check one)

\_\_\_\_ Manufacturing

\_\_\_\_ Service

\_\_\_\_ Broker

\_\_\_\_ Construction

\_\_\_\_ Distributing

\_\_\_\_ Other \_\_\_\_\_  
(please specify)

## 4. This company is applying for certified status as a:

\_\_\_\_ Minority Owned Business (MBE)  
(WBE)

\_\_\_\_ Woman Owned Business

## 5. Minority Status of Owner(s) (check one)

\_\_\_\_ Black

\_\_\_\_ Asian

\_\_\_\_ Hispanic

\_\_\_\_ Aleut

\_\_\_\_ Native American

\_\_\_\_ Eskimo

\_\_\_\_ East Indian

\_\_\_\_ Caucasian Female

## 6. Citizenship Status of Minority Owner(s) (check one)

\_\_\_\_ United States \_\_\_\_ Resident Alien \_\_\_\_ Other (explain in attachments)

**7. Is your company bonded?** \_\_\_\_yes \_\_\_\_no

Bonding carrier \_\_\_\_\_ Capacity \$ \_\_\_\_\_

**8. Business References**

Name Address City, State, Zip

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Indicate product information (commodities your business sells)** (Please be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Indicate services your business offers** (Attach additional information if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. Indicate number of years firm has been in business under present name**\_\_\_\_

**Ownership of Firm** Identify those who own 5% or more of the firm. Attach list of others if necessary.

Name	Race	Sex	Years of Ownership	ownership%
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Identify any owner or management official of the named business who is or has been an employee of another firm that has an ownership interest in or a present business relationship with the named business. Present business relationships (Affidavits) include shared space, equipment, financing, or employees, as well as businesses having some of the same owners. Attach a list and explain relationship.

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Describe or attach a copy of any stock options or other ownership options that are outstanding and any agreements between owners and third parties that restrict or control minority owners.

**12. Are you** Certified 8(a) by the U.S. Small Business Administration yes no  
Certified by the S.C. Department of Transportation yes no

**13. How many employees do you currently have on Payroll?**

Full Time\_\_\_\_\_ Part Time\_\_\_\_\_

**14. What geographical area do you serve?** \_\_\_\_\_

**15. State your company's present net worth** \$ \_\_\_\_\_

**16. List the type of equipment owned by your company** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**17. Where is the equipment stored?** \_\_\_\_\_

**Control of Firm:** Identify by name, race, sex, and title those individuals (including owners and non-owners) who are responsible for day-to-day management and policy decision-making, including but not limited to those with prime financial responsibility for:

**18. Financial Decisions**

Name	Race	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For each person listed under **Financial Decisions**, provide a brief summary of the person's experience and number of years with the firm, indicating the person's qualifications for the responsibility given to him or her. Attach list and explain.

**19. Management Decisions**

Name	Race	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**20. Marketing and Sales**

Name	Race	Sex	Title
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**21. Hiring and Firing of Management Personnel**

Name	Race	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**22. Purchase of Major Items or Supplies**

Name	Race	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**23. Supervising (of field operations)**

Name	Race	Sex	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**24. Are you licensed to do business in South Carolina as well as locally, including all business licenses?**

\_\_\_\_\_ yes                      \_\_\_\_\_ no

**25. Indicate if this firm or any other firms with the same officers have previously received or been denied certification. If so, attach a copy of Notice of Certification or describe the circumstances of the denial.**

\_\_\_\_\_

\_\_\_\_\_

## **CHECKLIST FOR CERTIFICATION MATERIAL**

Any firm desiring to be certified as a minority firm must complete the attached application package and submit the following documents:

1. A copy of incorporation papers or partnership agreement;  
(if applicable);
2. Copies of your business licenses; (if applicable)
3. MMO Vendor Registration Application completed online at:  
<https://webprod.cio.sc.gov/SCVendorWeb/mainNewFrame.do>
4. Copies of issued stock certificates - from inception and numerical order;
5. A copy of your personal financial statement for the last two (2) years  
and a copy of the personal financial statement on each owner;
6. A copy of your signed tax records for the past three (3) years (business  
and personal); and
7. Completed signed and notarized Affidavit.

The documents requested above must be returned to the following address:

Office of Small and Minority Business Assistance  
Edgar A. Brown Building, Suite 440 A  
1205 Pendleton Street  
Columbia, South Carolina 29201

Telephone: (803) 734-0657

**Revised November 3, 2008**

# AFFIDAVIT

I, \_\_\_\_\_, attest that the foregoing statements are true  
(your name)  
and correct and include all material information necessary to identify and explain the  
operations of \_\_\_\_\_ as well as the ownership thereof.  
(name of firm)  
Any materials misrepresented will be grounds for terminating any contract that may be  
awarded and for initiating action under laws concerning false statements.

Signature \_\_\_\_\_

Name of Firm \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Corporate Seal (where appropriate)

Date \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ before me appeared  
(day) (month) (year)  
\_\_\_\_\_ to me personally known, who, being duly sworn,  
(name)  
did execute the foregoing affidavit, and did state that he or she was properly authorized  
by \_\_\_\_\_ to execute the affidavit and did so as his or  
(name of firm)  
her free act and deed.

Notary Public \_\_\_\_\_

Commission Expires \_\_\_\_\_

**(SEAL)**