

# Certification 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 \_\_\_\_\_

Email \_\_\_\_\_

## 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)

\_\_\_\_ Woman Owned Business (WBE)

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

\_\_\_\_ Black

\_\_\_\_ Asian

\_\_\_\_ Hispanic

\_\_\_\_ Aleut

\_\_\_\_ Native American

\_\_\_\_ Eskimo

\_\_\_\_ East Indian

\_\_\_\_ Caucasian Female



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.

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE OF SMALL AND MINORITY BUSINESS ASSISTANCE**

**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. Copy of incorporation papers or partnership agreement;
2. Copy of by-laws of the business
3. Copy of organizational chart or outline;
4. Copies of business licenses; (if applicable)
5. Proof of verification of start-up investment capital by owner (example: cash investment, opening of business account, equipment bill of sale, bank statements, etc.)
6. Copy of six cancelled company checks written in the past six months on the business account;
7. Copy of a bank signature card or resolution;
8. Copy of personal financial statement;
9. Copy of tax records for the past three years (Corporate and personal);
10. Completed signed and notarized Affidavit;
11. Copies of issued stock certificates; from inception and numerical order;
12. Resume of all owners of the company; and
13. MMO Vendor Registration Application online at:  
<https://webprod.cio.sc.gov/SCVendorWeb/mainNewFrame.do>  
(please provide copy of online confirmation)

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)**

**RESUME**

Principal \_\_\_\_\_ Home Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Personal Data:**

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver License # \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

**Education:**

Did you graduate? High School \_\_\_yes \_\_\_no College \_\_\_yes \_\_\_no

College Name and Location \_\_\_\_\_

**Special Education or Training Relating to Your Profession:**

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

**Business and Professional Experience Relating to Your Profession:**

(Indicate firm name, length of time employed, occupation, largest project you were involved in and reason for leaving.)

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

**Personal References:** (name, address, phone number, length of time known)

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

Have you ever been, or are you now, an owner, partner or stockholder in any other business? \_\_\_yes \_\_\_no If yes, complete the information requested on the second page of this resume.

1. Name of Company \_\_\_\_\_

2. Type of Business \_\_\_\_\_

3. Date Business Began \_\_\_\_\_

4. Is the business a corporation\_\_\_ partnership\_\_\_ or proprietorship\_\_\_
5. Percent of business you own \_\_\_\_\_
6. Names of other owners (if any) \_\_\_\_\_
7. Are you currently bonded? \_\_\_yes \_\_\_no If yes, give name of company  
\_\_\_\_\_
8. If the business is no longer active, state reason and date business terminated  
operations \_\_\_\_\_
9. Have you or any member of this firm or predecessor firms with which you have been  
involved ever declared bankruptcy, either personally or corporately? \_\_\_yes \_\_\_no  
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PERSONAL FINANCIAL STATEMENT**

**U.S. SMALL BUSINESS ADMINISTRATION**

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Business Name of Applicant/Borrower \_\_\_\_\_

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks .....	\$	_____	Accounts Payable .....	\$	_____
Savings Accounts .....	\$	_____	Notes Payable to Banks and Others .....	\$	_____
IRA or Other Retirement Account .....	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable .....	\$	_____	Installment Account (Auto) .....	\$	_____
Life Insurance-Cash Surrender Value Only .....	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other) .....	\$	_____
Stocks and Bonds .....	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance .....	\$	_____
Real Estate .....	\$	_____	Mortgages on Real Estate .....	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value .....	\$	_____	Unpaid Taxes .....	\$	_____
Other Personal Property .....	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities .....	\$	_____
Other Assets .....	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities .....	\$	_____
<b>Total</b>	\$	_____	Net Worth .....	\$	_____
			<b>Total</b>	\$	_____

Section 1. Source of Income	Contingent Liabilities
Salary .....	As Endorser or Co-Maker .....
Net Investment Income .....	Legal Claims & Judgments .....
Real Estate Income .....	Provision for Federal Income Tax .....
Other Income (Describe below)* .....	Other Special Debt .....

Description of Other Income in Section 1.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).**

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned.** (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities.** (Describe in detail.)

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**PLEASE NOTE:** The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

**MATERIALS MANAGEMENT OFFICE  
VENDOR REGISTRATION  
EMERGENCY PREPAREDNESS ASSISTANCE**

MBO/Date \_\_\_\_\_

Effective June 1997, the General Assembly eliminated the requirement that a bidder list be maintained. Announcements of proposed procurements are made to the business community by an official state government publication called the South Carolina Business Opportunities. This publication is the only method of assuring you the opportunity to review all publicly announced procurement solicitations (\$10,000 or more). Subscription for this publication is available hard copy and electronic (<http://www.state.sc.us/mmo/scbo/scbomenu.htm>) through the Materials Management Office (MMO).

Please check one: \_\_\_\_\_ We are receiving copies of the SC Business Opportunities  
\_\_\_\_\_ We would like to receive information to subscribe to SC Business Opportunities  
\_\_\_\_\_ We are not interested in subscribing to the SC Business Opportunities at this time

MMO will accept the below registration as acknowledgment of commodities or services your organization or company provides. **This is not the application for the SC Business Opportunities.**

Type or print in ink. All information must be furnished.  
Return to: The Small and Minority Business Office, 1205 Pendleton Street, Columbia, SC 29201

**Fed. Employer I.D. No. (if Company)**

**Company Name and Address**

\_\_\_\_\_

\_\_\_\_\_

or

\_\_\_\_\_

**Social Sec. No. (if sole proprietor)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMAIL ADDRESS**

**Previous Company Name/Address**

\_\_\_\_\_

\_\_\_\_\_

**FAX**

\_\_\_\_\_

( ) \_\_\_\_\_

\_\_\_\_\_

**Name of Owner, Members or Officers of Concern, Partnership, or Corporation:**

President \_\_\_\_\_ Vice President \_\_\_\_\_

**Person to Contact:**

Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_

**(please list toll free number if available)**

**THE MATERIALS MANAGEMENT OFFICE IS RESPONSIBLE FOR PROCURING GOODS AND SERVICES IF A DISASTER SHOULD OCCUR IN SOUTH CAROLINA. PLEASE INDICATE (BY CHECKING THE YES BOX BELOW) IF YOUR COMPANY CAN PROVIDE GOODS OR SERVICES, 24 HOURS A DAY, 7 DAYS A WEEK, IF NEEDED FOR DISASTER RELIEF.**

**YES**

**IF YES, PLEASE PROVIDE 24 HOURS A DAY / 7 DAYS A WEEK TELEPHONE NUMBER**

( \_\_\_\_\_ )  
 (please list toll free number if available)

**Please include all classes and items on this application which apply to your company or organization. Indicate the 3-digit class number and 2-digit item number(s) in the appropriate area below. (Refer to commodity list for class and item numbers). Select only those classes and items your company or organization can furnish.**

<b>CLASS</b>	<b>ITEMS</b>
_____	_____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____
_____	_____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____
_____	_____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____
_____	_____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____
_____	_____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____
_____	_____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____
_____	_____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____
_____	_____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____

**I understand and agree that it is my responsibility to inform the Materials Management Office in writing of any changes to this form.**

\_\_\_\_\_ Date

Signature \_\_\_\_\_

Title \_\_\_\_\_

**ORIGINAL COPY MUST BE RETURNED**

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Comments:

Section 30-2-50 of the Code of Laws of the State of South Carolina provides that no person or private entity shall knowingly obtain or use any personal information obtained from a public body for any commercial solicitation directed to a person in this State. The South Carolina Governor's Office of Small and Minority Business Assistance, as a public entity, gives notice to you, as a requestor of records from this agency, that obtaining or using these public records for commercial solicitation is prohibited. Any person who knowingly uses public records for commercial solicitation is guilty of a misdemeanor and, upon conviction, must be fined an amount not to exceed five hundred dollars or imprisoned for a term not to exceed one year, or both. Please see S.C. Code of Laws Section 30-2-10, et. seq. for full text of Family Privacy Protection Act.