

# 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%

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.

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. 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 474  
1205 Pendleton Street  
Columbia, South Carolina 29201

Telephone: (803) 734-5010

**Revised November 3, 2008**