



**OUT OF REGION MBE SUBSCRIPTION SERVICE APPLICATION**

To qualify for subscription services, your company must meet the following criteria:

- Must be a current certified MBE within the National Minority Supplier Development Council (NMSDC) Network
- Note: Your subscription expiration date will be tied to your home council expiration date. If you are requesting subscription services within 90 days of your expiration date with your home council, we recommend that you hold your request until you have recertified with your home council.

**SECTION I**

DATE: \_\_\_\_\_ CHECK #: \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

MAIN CONTACT PERSON: \_\_\_\_\_ CONTACT'S EMAIL: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ OWNER'S EMAIL: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ ANNUAL SALES: \_\_\_\_\_ FEDERAL TAX I.D.: \_\_\_\_\_

FULL TIME EMPLOYEES: \_\_\_\_\_ PART TIME EMPLOYEES: \_\_\_\_\_ NO. OF MINORITY EMPLOYEES: \_\_\_\_\_

**CERTIFICATIONS:**

8(A) SBA CERTIFIED  DBE  WBE  HUB ZONE  VETERAN  SERVICE DISABLED VETERAN

**SECTION II**

GEOGRAPHICAL MARKET: (check as applicable). List states, etc. where the firm serves or can serve.

Local  Regional  National  International

Primary Operation Location: \_\_\_\_\_

List of States with operations: \_\_\_\_\_

TYPE OF BUSINESS: (check primary function)

**BA** - Brokers/Agents                       **CP** - Consultants/Professionals                       **MF** - Manufacturer  
 **CC** - Construction Contractors                       **DS** - Distributor                       **MR** - Manufacturers Rep

**DESCRIPTION:**

Provide a full/concise description of the company's products/services \_\_\_\_\_

NMSDC MINORITY OWNERSHIP: (Specify the ethnic origin and % of ownership of the person(s) who owns & controls the firm.)

<input type="checkbox"/> BLM Black American Male	_____ %	<input type="checkbox"/> BLF Black American Female	_____ %
<input type="checkbox"/> HIM Hispanic American Male	_____ %	<input type="checkbox"/> HIF Hispanic American Female	_____ %
<input type="checkbox"/> NAM Native American Male	_____ %	<input type="checkbox"/> NAF Native American Female	_____ %
<input type="checkbox"/> APM Asian-Pacific American Male	_____ %	<input type="checkbox"/> APF Asian-Pacific American Female	_____ %
<input type="checkbox"/> AIM Asian-Indian American Male	_____ %	<input type="checkbox"/> AIF Asian-Indian American Female	_____ %

List the NMSDC Affiliate Council where company is currently certified with and your recertification & expiration date:

Council (Certified/Home): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III –**

FEES & PAYMENT (check payment method)  Check  Money Order

**D/FW MSDC Subscription Service Fee Structure**

**Class 1 \$350.00—Sales Under \$1,000,000 Million**

**Class 2 \$450.00—Sales from \$1 Million to \$10 Million**

**Class 3 \$700.00—Sales from \$10 Million to \$50 Million**

**Class 4 \$850.00—Sales over \$50 Million**

Make Checks Payable to: Dallas/Fort Worth Minority Supplier Development Council

8828 N. Stemmons Freeway, Suite 550, Dallas, TX 75247

If you have any questions please e-mail Certification Specialist at [sourcing@dfwmsdc.com](mailto:sourcing@dfwmsdc.com) or call 214-630-0747.

**AFFIDAVIT**

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of \_\_\_\_\_, as well as the ownership thereof. Further, the undersigned agrees to provide through the prime contractor or, if no prime contractor, directly to the grantee current, complete and accurate information regarding actual work performed on the project, the payment therefor and any proposed changes of the foregoing arrangements and to permit the audit and examination of books, records and files of the named firm.

**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:

- a. Fraudulently obtain, retain, attempt to obtain nor aid another in fraudulently obtaining or retaining or attempting to obtain minority business enterprise certification;
- b. Willfully make a false statement, whether by affidavit, report, or other representation, to state officials or employees for the purpose of influencing the certification or denial of certification of any entity as a minority business enterprise; or
- c. Willfully obstruct, impede, or attempt to obstruct or impede any state official or employee who is investigating the qualifications of a business entity which has requested certification as a minority business enterprise.

Any material misrepresentation will be grounds for initiating action under Federal or State laws concerning false statements.

To Be Signed By Minority Owner:

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**DATE**

**CORPORATE SEAL (where appropriate)**

**DATE:** \_\_\_\_\_ **STATE OF:** \_\_\_\_\_

**COUNTY OF:** \_\_\_\_\_

**On this** \_\_\_\_\_ **, Day of** \_\_\_\_\_ **, 20** \_\_\_\_\_ **Before me appeared (name)** \_\_\_\_\_

(SEAL)

**NOTARY PUBLIC:** \_\_\_\_\_

**MY COMMISSION EXPIRES:** \_\_\_\_\_