



OUT OF REGION MBE SUBSCRIPTION SERVICES APPLICATION

*** Please note that with subscription services you will not receive another MBE Certificate. You will receive a letter identifying your firm as a subscriber to our council and the services we can offer you.**

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

- Must be a current certified MBE within the National Minority Supplier Development Council (NMSDC) Network.
- Your subscription services expiration date will be tied to your certification expiration date. If you are requesting subscription services within 90 days of your expiration date with your home council, we ***strongly recommend*** that you hold off on your application until after you have recertified with your home council.
- Note: A benefit of subscription services is that if your company meets SBA size standards, we can provide you with our SBE (small business enterprise) Certificate. To qualify you will have to email most recent 3 years of federal tax returns (complete copies) of the company. Your SBE expiration date will be tied to your certification expiration date.

SECTION I

DATE: _____

NAME OF MBE: _____

MAIN HQ ADDRESS: _____ CITY, STATE, ZIP: _____

MAIN CONTACT PERSON: _____ CONTACT'S EMAIL: _____

OWNER'S NAME: _____ OWNER'S EMAIL: _____

BUSINESS PHONE: _____ ESTIMATED MBE ANNUAL SALES IN DFW : \$ _____

FULL TIME EMPLOYEES: _____ PART TIME EMPLOYEES: _____ NO. OF MINORITY EMPLOYEES: _____

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: _____

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 expiration date:

Home Council): _____ Date: _____

SECTION III-

FEES & PAYMENT (Credit-Card Info can be taken over the phone. **First step** is to email the completed app to sourcing@dfwmsdc.com. Once you do, then we will contact your home-council for verification of your firm’s certification. After they send over the necessary documents, then we’ll contact you to handle payment over the phone)

DFW MSDC Subscription Services Fee Structure (based on your company’s sales from its federal taxes)

- Class 1 \$360.00—Sales Under \$1,000,000 Million** **Class 2 \$460.00—Sales from \$1 Million to \$10 Million**
- Class 3 \$710.00—Sales from \$10 Million to \$50 Million** **Class 4 \$870.00—Sales over \$50 Million**

If you have any questions, please e-mail Certification Manager at sourcing@dfwmsdc.com or call our office: 214-630-0747.

DECLARATION 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, if any, 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 official or employee 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 the Principal MBE 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: _____