



**RECERTIFICATION APPLICATION
AND CERTIFIED SUPPLIER PROFILE UPDATE**

Directions: Please complete this application ***and submit your company's most recent IRS tax return (see options on page 2).*** Also mail in or go online and pay the ***Nonrefundable fee of \$150.00.***

1. COMPANY NAME: _____ DATE: _____
2. CERTIFICATE NUMBER: _____
3. PARENT COMPANY (if apply): _____
4. MAILING ADDRESS: _____
5. CITY, STATE, ZIP: _____
6. STREET ADDRESS: _____
7. CITY, STATE, ZIP: _____
8. PHONE NUMBER: _____ FAX NUMBER: _____
9. Email Address: _____ WEB ADDRESS: _____
10. Owners/Principals:

Name/Title	Ethnic Origin*	Male /Female	US Citizen? Yes or No	Years of Ownership	Ownership % (must total 100%)	Voting %

*White, Black, Asian, Asian Pacific Islander, Native American, Hispanic

11. MAIN CONTACT: _____

12. NAIC CODE(S): _____

www.naics.com or www.census.gov/naics

13. PRODUCT/SERVICE DESCRIPTION:

14. Type of Business: Check primary function. Check all that apply.

- Brokers/Agents (BA)
- Construction Contractor (CC)
- Consultant/Professionals
- Distributor (DS)
- Manufacturer (MF)
- Manufacturer's Rep (MR)
- Service Contractor (SC)
- Other: _____

15. NO. OF EMPLOYEES: _____ NO. OF MINORITY EMPLOYEES: _____

16. BUSINESS STRUCTURE: _____
(Firm's legal structure: Sole Prop, Partnership, LLP, LLC, S Corp, C Corp)

17. GEO. MKT: _____ FEDERAL Tax Number: _____

18. YEAR ESTABLISHED: _____ ANNUAL SALES/YEAR: _____

19. OTHER CERTIFICATIONS: _____

20. REFERENCE(S) (complete if you want to add/update):

COMPANY: _____

LOCATION: _____

22. TAX DOCUMENTS.

Business Structure	Tax Form Required
S Corporation	1120S
C Corporation	1120
Sole Proprietorship	1040
Partnership LLC	1065
Corporation LLC	1120

PLEASE CHECK ONE BOX ONLY!

I hereby affirm that no changes have taken place in the minority ownership, control or management of my company since last certified.

I hereby attest that changes have taken place in the minority ownership, control or management of my company since last certified. Documentation is enclosed.

Principal's Signature Date

Principal's Name and Title (Please Print)

By signing this document the Certified Public Accountant confirms that all the information is correct and up to date.

Certified Public Accountant Signature Date

PLEASE REMEMBER: ANY CHANGE IN OWNERSHIP, CONTROL OR MANAGEMENT WHICH COULD AFFECT YOUR CERTIFICATION STATUS AND NOT REPORTED WITHIN 30 DAYS OF CHANGE WILL RESULT IN YOUR IMMEDIATE DECERTIFICATION.