



RECIPROCAL CERTIFICATION APPLICATION

IF YOU ARE ALREADY CERTIFIED BY ANOTHER NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL (NMSDC) AFFILIATE, RETURN THIS DOCUMENT WITH ALL REQUESTED MATERIALS AND THE \$100 PROCESSING FEE TO ROCKY MOUNTAIN MINORITY SUPPLIER DEVELOPMENT COUNCIL 1445 MARKET STREET - SUITE 310 DENVER, CO 80202. DO NOT LEAVE ANY ITEMS BLANK OR OMIT ANY REQUESTED DOCUMENTS

Date \_\_\_\_\_

Legal name of business \_\_\_\_\_

List dba, if any \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Business telephone number (\_\_\_\_\_) \_\_\_\_\_ Fax number (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_ Web address \_\_\_\_\_

Name of contact person \_\_\_\_\_

Owner's Name \_\_\_\_\_ Owner's Title: \_\_\_\_\_

Geographic Area Served  Local  Regional  National  International

Annual Sales \$ \_\_\_\_\_ Year Established: \_\_\_\_\_

Number of Employees \_\_\_\_\_ Number of Minority Employees \_\_\_\_\_

Business Structure: \_\_\_\_\_ Federal Tax Number: \_\_\_\_\_

Other Certifications: \_\_\_\_\_

Business Classification (Use NAICS codes)\*

Table with 2 columns: Code, Text Description. Includes three rows of blank lines for data entry.

\*The minority business directory is categorized by NAICS (North American Industry Classification System) codes. If you do not know your NAICS codes, call 888-75NAICS, visit [www.census.gov/naics](http://www.census.gov/naics), or pick up the NAICS directory at your local library or bookstore and determine the codes right for your business

Business Description (Published in the minority business directory.) DESCRIPTION WILL BE TRUNCATED AT 255 CHARACTERS

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Which NMSDC affiliate is your primary council?

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When is your expiration with that council? Your Rocky Mountain MSDC expiration will be concurrent with your primary council.

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***Policies and Procedures for Certification***

Any arrangement between a minority business concern and other parties which involves apparent minority "fronts", or other circumstances which would tend to circumvent the certification process by placing any substantial control of the minority business concern with a non-minority individuals(s) will be closely examined and will result in a denial or revocation of affiliate certification. In addition, reapplication for certification under such circumstances will be denied

***Submitting false information is a Class II felony punishable if the council chooses to press charges.***

The undersigned hereby swears under penalty of law that all statements made in this application are true

The undersigned agrees to hold the Council harmless for any claim arising out of this application and agrees to indemnify the Council for any liability in connection with the certification of the applicant.

Business Name

**Signature of Proprietor, all Partners, or President of corporation:**

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Signature	Date	Print Name
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Signature	Date	Print Name
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Signature	Date	Print Name
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