



Dear Potential GMSDC Reciprocal Certified Supplier:

Thank you for your interest in the Georgia Minority Supplier Development Council (GMSDC). The GMSDC is the preeminent organization in the Georgia Region dedicated to increasing procurement opportunities for Minority Business Enterprises (MBE), particularly with the private sector. GMSDC is a regional affiliate of the National Minority Supplier Development Council (NMSDC), which has more than 3,500 corporations among its membership; more than 130 are in the Georgia region. Enclosed is a copy of the GMSDC *Minority Business Enterprise (MBE) Reciprocal Certification Application*. This application is universally within the NMSDC network. Please complete the application in its entirety. If the requested information is not applicable to your company, please state so on the application.

**Consideration for Reciprocal Certification with the GMSDC:**

- Pay annual dues as set by the Board of Directors;
- Report dollar volume of purchases from minority suppliers of goods and services. Figures are regarded as confidential.
- Designate an official representative to attend the membership meetings;
- Participate in the activities of the GMSDC;
- Facilitate interaction among MBEs, corporate buyers and representatives, and other minority business development organizations;
- Convey a recognized standard of quality, leadership, cooperation, and prestige;
- Promote business opportunities for MBEs in the Marketplace;
- Be proactive in helping MBEs respond to issues and developments which affect them;
- Promote product and service capabilities of minority entrepreneurs;
- Identify and utilize all resources to facilitate and support access to marketing and contracting opportunities for all GMSDC constituents;
- Facilitate the access to capital for minority business enterprises;
- Vote at meetings on Certified MBEs (each MBE is entitled to one vote).

Criteria for MBE Reciprocal Certification in the GMSDC require that a MBE be "certified and in good standing" with a regional affiliate (home council) of the National Minority Supplier Development Council and be authorized to do business in Georgia (local business license).

The process for reciprocal certification is as follows:

1. Complete attached Reciprocal Application; reciprocal certification is an annual certification. Firms must apply each year.
2. Submit "home council certificate" support documentation (NOTE: Reciprocal certificate expires on the same date as your home council certificate. If you are within 120 days of your home council certificate expiring, please complete your home council recertification first.)
3. Submit a \$350.00 non-refundable application fee/annual dues (*new fee/dues -- effective 1/1/05*)
4. Upon approval by the GMSDC Certification Committee/Board of Directors, applicants will be notified.
5. Reciprocal certificate is faxed; original is placed in the US mail.

If you have any questions about the application process, please contact a GMSDC Certification staff member at (404) 589-4929. Thank you for your interest in GMSDC.

Sincerely,

A handwritten signature in black ink that reads "George Lottier". The signature is written in a cursive, flowing style.

George Lottier  
Executive Director

08/05/04

**GMSDC**  
**MBE RECIPROCAL CERTIFICATION APPLICATION**

Date: \_\_\_\_\_

**Section I**

Name of Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_  
(area code) (area code)

E-mail: \_\_\_\_\_ Web Address: \_\_\_\_\_

SSN/Federal Tax ID#: \_\_\_\_\_ Year Firm Started: \_\_\_\_\_

Date of Acquisition: \_\_\_\_\_

Method of Acquisition (check one):

Bought existing business                      Started a new business  
Secured a franchise                              Merger or Consolidation  
Other (specify) \_\_\_\_\_

8(A) certified: \_\_\_\_\_ Sinking Fund #: \_\_\_\_\_ Contract termination date: \_\_\_\_\_

Full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_ # of minority employees: \_\_\_\_\_

List councils you are currently certified with and certification date:

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

(Other) \_\_\_\_\_

**Section II**

Geographical Market: (check as applicable)...List states, etc., which the firm serves or is capable of serving.

Local: \_\_\_\_\_ Regional: \_\_\_\_\_  
National: \_\_\_\_\_ International: \_\_\_\_\_

Type of Business Structure: (check one)

C Corporation                      I Individual                      P Partnership                      S Sole Proprietorship                      L LLC

Type of Business: (check primary function)

DS Distributor                      CC Construction Contractor                      MF Manufacturer                      MR Manuf. Rep.  
CP Consultants/Professionals                      SC Service Contractor                      BA Brokers/Agents

Nature of Business: (provide full descriptive information and relevant NAIC CODES) \_\_\_\_\_

Minority Ownership: (Specify the ethnic origin and % of ownership of the person(s) who own & control the firm)

BLM Black American Male _____ %	BLF Black American Female _____ %
HIM Hispanic American Male _____ %	HIF Hispanic American Female _____ %
NAM Native American Male _____ %	NAF Native American Female _____ %
APM Asian-Pacific Amer. Male _____ %	APF Asian-Pacific Amer. Female _____ %
AIM Asian-Indian Amer. Male _____ %	AIF Asian-Indian Amer. Female _____ %

**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.

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 had requested certification as a minority business enterprise.
- d) any material misrepresentation will be grounds for initiating action under Federal or State laws concerning false statements.

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

CORPORATE SEAL (attest, where appropriate)

DATE: \_\_\_\_\_

STATE OF: \_\_\_\_\_

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

On this \_\_\_\_\_, Day of \_\_\_\_\_, 200\_\_\_\_\_

Before me appeared (name) \_\_\_\_\_

(SEAL)

NOTARY PUBLIC \_\_\_\_\_

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

Please include a copy of your home council certificate and \$350.00 non-refundable processing fee/annual dues (EFFECTIVE 1/1/05). Remit payment to (please include all documents and payment together):

**GMSDC - Certifications**  
100 Edgewood Avenue, Suite 1610  
Atlanta, GA 30303