Certification Application

Note: This application cannot be processed until OSMBA receives this completed application and the required documents listed on the Check-Off List.

Please provide the following information:

1. Business Information

Federal Employer I.D. Number _____

Name of Business _____

Business Address _____
Street PO Box

_____
City State Zip Code

Mailing Address _____
Street PO Box

_____
City State Zip Code

County _____ Telephone _____ Fax _____

Contact Person _____ Title _____

Email _____

2. Legal Structure (check one)

☐ Sole Proprietorship ☐ Partnership
☐ Corporation ☐ Joint Venture

Date business Started _____ Date Incorporated _____

3. Type of Business (check one)

☐ Manufacturing ☐ Service
☐ Broker ☐ Construction
☐ Distributing ☐ Other_____
(please specify)

4. This company is applying for certified status as a:

☐ Minority Owned Business (MBE) ☐ Woman Owned Business (WBE)

5. Minority Status of Owner(s) (check one) ☐ African American ☐ Asian ☐ Hispanic
☐ Aleut ☐ Native Hawaiian ☐ Native American ☐ Eskimo ☐ East Indian
☐ Caucasian Female ☐ Pacific American

6. Citizenship Status of Minority Owner(s) (check one)
☐ United States ☐ Other (explain in attachments)

7. Is your company bonded? ☐ yes ☐ no
Bonding carrier _____ Capacity $ _____

8. Business References

Name Address City, State, Zip

_____
_____
_____

9. Indicate product information (commodities your business sells) (Please be specific)

_____
_____
_____

10. Indicate services your business offers (Attach additional information if necessary)

_____
_____
_____

11. Indicate number of years firm has been in business under present name_____

Ownership of Firm Identify those who own 5% or more of the firm. Attach list of others if necessary.

Name	Race	Sex	Years of Ownership	Ownership%
_____	____	____	_____	_____
_____	____	____	_____	_____
_____	____	____	_____	_____
_____	____	____	_____	_____
_____	____	____	_____	_____

Identify any owner or management official of the named business who is or has been an employee of another firm that has an ownership interest in or a present business relationship with the named business. Present business relationships (Affidavits) include shared space, equipment, financing, or employees, as well as businesses having some of the same owners. Attach a list and explain relationship.

_____

Describe or attach a copy of any stock options or other ownership options that are outstanding and any agreements between owners and third parties that restrict or control minority owners.

12. Are you Certified 8(a) by the U.S. Small Business Administration ◯ yes ◯ no

Certified by the S.C. Department of Transportation ◯ yes ◯ no

13. How many employees do you currently have on Payroll?

Full Time _____ Part Time _____

14. What geographical area do you serve? _____

15. State your company's present net worth $ _____

16. List the type of equipment owned by your company _____

_____

_____

_____

17. Where is the equipment stored? _____

Control of Firm: Identify by name, race, sex, and title those individuals (including owners and non-owners) who are responsible for day-to-day management and policy decision-making, including but not limited to those with prime financial responsibility for:

18. Financial Decisions

Name	Race	Sex	Title
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____

For each person listed under **Financial Decisions**, provide a brief summary of the person's experience and number of years with the firm, indicating the person's qualifications for the responsibility given to him or her. Attach list and explain.

19. Management Decisions

Name	Race	Sex	Title
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____

20. Marketing and Sales

Name	Race	Sex	Title
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____

21. Hiring and Firing of Management Personnel

Name	Race	Sex	Title
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____

22. Purchase of Major Items or Supplies

Name	Race	Sex	Title
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____

23. Supervising (field operations)

Name	Race	Sex	Title
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____

24. Are you licensed to do business in South Carolina as well as locally, including all business licenses?

◯ yes ◯ no

25. Indicate if this firm or any other firms with the same officers have previously received or been denied certification. If so, attach a copy of Notice of Certification or describe the circumstances of the denial.

_____
_____
_____

OFFICE OF SMALL AND MINORITY BUSINESS ASSISTANCE
CHECKLIST FOR CERTIFICATION MATERIAL

Any firm desiring to be certified as a minority firm must complete the attached application package and submit the following documents:

1. A business seeking certification is required to be in business for a year. The business start date should be indicated on its Business License or its registration with the Secretary of State.

2. Copy of by-laws of the business;

3. Copy of organizational chart or outline;

4. Copies of business licenses; (if applicable);

5. Proof of verification of start-up investment capital by owner (example: cash investment, opening of business account, equipment bill of sale, bank statements, etc.);

6. Copy of six cancelled company checks written in the past six months on the business account;

7. Copy of a bank signature card or resolution;

8. Copy of personal financial statement;

9. Copy of tax records for the past three years (Corporate and personal);

10. Completed, signed, and notarized Affidavit;

11. Copies of issued stock certificates; from inception and numerical order;

12. Copy of incorporation papers or partnership agreement;

13. Resume of all owners of the company;

14. MMO Vendor Registration Application;
https://webprod.cio.sc.gov/SCVendorWeb/mainNewFrame.do
(please provide copy of online confirmation)

The documents requested above must be returned to the following address:

Office of Small and Minority Business Assistance
Edgar A. Brown Building, Suite 453-C
1205 Pendleton Street
Columbia, South Carolina 29201

Telephone: (803) 734-5010

Revised: January 2, 2015

AFFIDAVIT

I, _____, attest that the foregoing statements are true
(your name)
And correct and include all material information necessary to identify and explain the operations of _____ as well as the ownership thereof.
(name of firm)
Any materials misrepresented will be grounds for terminating any contract that may be awarded and for initiating action under laws concerning false statements.

Signature _____
Name of Firm _____
Title _____
Date _____

Corporate Seal (where appropriate)

Date _____
State of _____
County of _____
On this _____day of _____ _____ before me appeared
(day) (month) (year)
_____ to me personally known, who, being duly sworn,
(name)
Did execute the foregoing affidavit, and did state that he or she was properly authorized
By _____ to execute the affidavit and did so as his or
(name of firm)
her free act and deed.

Notary Public _____
Commission Expires _____ **(SEAL)**

OMB APPROVAL NO. 3245-0188
EXPIRATION DATE: 3/31/2015

PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____ , _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	**LIABILITIES**	(Omit Cents)
Cash on hand & in Banks	$	Accounts Payable	$
Savings Accounts	$	Notes Payable to Banks and Others (Describe in Section 2)	$
IRA or Other Retirement Account	$	Installment Account (Auto)	$
Accounts & Notes Receivable	$	Mo. Payments	$
Life Insurance-Cash Surrender Value Only (Complete Section 8)	$	Installment Account (Other)	$
Stocks and Bonds (Describe in Section 3)	$	Mo. Payments	$
Real Estate (Describe in Section 4)	$	Loan on Life Insurance	$
Automobile-Present Value	$	Mortgages on Real Estate (Describe in Section 4)	$
Other Personal Property (Describe in Section 5)	$	Unpaid Taxes (Describe in Section 6)	$
Other Assets (Describe in Section 5)	$	Other Liabilities (Describe in Section 7)	$
		Total Liabilities	$
		Net Worth	$
Total	$	**Total**	$

Section 1. Source of Income		**Contingent Liabilities**	
Salary	$	As Endorser or Co-Maker	$
Net Investment Income	$	Legal Claims & Judgments	$
Real Estate Income	$	Provision for Federal Income Tax	$
Other Income (Describe below)*	$	Other Special Debt	$

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly,etc.)	How Secured or Endorsed Type of Collateral

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Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: Date: Social Security Number:

Signature: Date: Social Security Number:

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503**. PLEASE DO NOT SEND FORMS TO OMB.**