

Nevada Minority Business Council Reciprocal Application

Please fax a copy of your renewal certificate from your home council and complete form and fax to 702.894.9474.

Name of Your Company _____

Name & Title of Owner _____

Additional Contact Person _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

CERTIFICATE EXPIRES: _____ ***HEMOCOUNCIL:*** _____

MMIDDIYYYY

_____ \$275 for 1-250 employees

_____ \$750 501-750 employees

_____ \$500 for 251-500 employees

_____ \$1000 for over 750 employees

Total Amount Due \$ _____

Please select one of the following payment options:

Check will be sent by mail ____ / ____ / ____ MasterCard Visa

Please make checks payable to NMBC & mail to 1785 E. Sahara, Ste. 360, LV, NV 89104

CC# _____ Exp. Date ____ / ____

Name of Cardholder _____

(please print)

Authorized Signature _____

Nevada Minority Business Council

Recertification Application & Certified Supplier Profile Update

Thank you for renewing your minority supplier certification with the Nevada Minority Business Council. In order to process your certification renewal, please fill out the following form and return it to the council office along with your membership dues. As an affiliate of NMSDC, we require certain information to process your recertification and update your national database profile. In order to better assist you we have **marked (*) required fields.**

“PLEASE PRINT CLEARLY COMPLETING EVERY LINE”

*Federal ID# or Social Security # _____ *Company Name _____

*Mailing Address _____ *City _____ *State _____ *Zip _____

*Location Address _____ *City _____ *State _____ *Zip _____

*Office Number _____ *Fax Number _____ *Email Address _____

*Detailed Product or Service Description _____

*NAICS Codes (For codes visit, www.naics.com) please list primary codes first _____

*Year Established _____ *Annual Sales _____ *Sales Year Reported _____
(no less than \$10,000 per employee)

*Number of Employees _____ *Number of Ethnic Minority Employees _____ *Business Code _____
(example: Manufacturing)

*Business Structure: Partnership Sole Proprietor S-Corp LLC LLP *Ethnicity of Owner: Asian Black Hawaiian Hispanic Native American ~ Male Female

*Geographic Market Code: Regional Local International National *8(a) Contractor's Number _____
(if not applicable please write no)

*Major Customers (please list at least three) _____

*Other Certifications _____

PLEASE CHECK ONLY ONE BOX

- I hereby certify that no changes have taken place in the minority ownership, operation or control of my company since last certified.
- I hereby attest that changes have taken place in the minority ownership, operation or control of my company since last certified. Documentation is enclosed.

*Principal's Name & Title (please print) _____

*Signature of Majority Owner _____ *Date _____