



Golden Triangle Minority Business Council, Inc.

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GTMBC BOD Approved as Revised 07/24/2017

"SDB Private Certifier- U. S. Small Business Administration '99-'01 & Certified Technical Assistant-'20

RE-CERTIFICATION MEMBERSHIP APPLICATION

Please be sure to include with your completed application the **non-refundable** processing fee

1. Company Name : _____

2. Parent Company Name : _____

3. Business Address : _____

Mailing Address : _____

_____ City _____ State _____ Zip Code

E mail : _____ Web Site/URL : _____

4. Phone Area 1st : _____ Fax Area 1st : _____

5. Owner's Full Name: _____ 5a. Title: _____

6. If you are Re-Applying for Certification, please list Changes in the Business Ownership, Management, or Control of Your Company since you were last Certified or Re-Certified. **The Changes Must be consistent with the Eligibility Criteria to determine if your business is Eligible for Re-Certification.** Please List any Products and/or Service(s) Changes :

7. NAICS Codes (formerly S.I.C. Codes) : _____ Primary _____ Secondary

8. Federal I.D. # or 9-Digit EIN # : _____

9. Legal Structure

- Individual
- Partnership
- Sole Proprietorship
- Corporation
- Limited Liability Corporation
- Joint Venture

10. Business Type Check One Below & Check Veteran-Owned "Y" ___ "N" ___

- Distributor
- Consultant/Professional
- Manufacturer
- Broker/Agent
- Manufacturer Representative
- Construction Contractor
- Services Contractor

11. Geographic Market Capabilities (check all that apply)

- Local
- Regional
- National
- International

12. Date Company Established: _____

13. Date Incorporated : _____

14. Date you (if changed) acquired majority ownership of company : _____

15. Number of Current Employees : _____ Full Time _____ Part Time

RE-CERTIFICATION MEMBERSHIP APPLICATION -- Continued

16. Business References - UPDATE New References:

Company Name	Buyer or Contact	Phone Number
_____	_____	_____
_____	_____	_____

17. Banking References :

Name of the Bank : _____ Phone Number: _____

18. List Existing and Changes In Ownership & Management: list the names of proprietors (self included as indicated in question number 6), partners, officers, directors, stockholders, and any other persons who have any ownership interest in the business.

Name/Title	Ethnic/Origin	Sex	Ownership %	Voting %	Years Ownership	US Citizen
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

19. Gross Revenue : \$ _____ For Year _____

20. Business Insurance Coverage's :

Coverage	Amount	Carrier
Workmen's Compensation	_____	_____
Comp. General Liability/Bonding	_____	_____

21. If license or permit is required to provide product or service, give information as follows:

Name of License Holder	Type of License/Permit	License Number
_____	_____	_____
_____	_____	_____

22.- Eligible for Texas Historically Underutilized Business (HUB)

Contingent on MBE and/or WBE certification approval, you may also be eligible for State of Texas **Historically Underutilized Business (HUB)** certification if proof of citizenship or naturalization and a Federal Tax Identification number are provided. Please check the box if interested in HUB Certification.

YES NO

Detailed explanation of any other employment and/or business ownership of individuals and business entities with an ownership interest in your business.

Detailed explanation if your business or any of its owners have ever been denied certification as a minority- or woman-owned business and/or denied certification as a disadvantaged business enterprise by another organization.

RE-CERTIFICATION MEMBERSHIP APPLICATION -- AFFIDAVIT

I do solemnly declare and affirm that the contents of the foregoing documents are true and correct and include all information necessary. I understand that any material misrepresentation will be grounds for denial or revocation of certification, and that my records will be handled in a "CONFIDENTIAL" manner.

The undersigned, in addition, swears that to the best of his/her knowledge, subject firm is a bonafied Minority/Woman Business Enterprise (M/WBE), at least 51% of which is owned and controlled by minority group members who exercise actual day-to-day management independence. **I agree to immediately notify the Golden Triangle Minority Business Council, (GTMBC) Inc., of any changes in the information I have provided.**

WAIVER OF LIABILITY: It is understood that the Golden Triangle Minority Business Council (GTMBC), Inc. and its members do not make any claims, warranties or guarantees whatsoever with respect to any services which its employees, from time to time, render to members. I/we, therefore, agree not to hold the GTMBC, Inc. or its officers, agents, representatives or volunteers responsible for any loss, liability or damage of any kind, nature or description arising out of such services, opinions or advice.

DATE THIS _____ DAY OF _____, _____

COMPANY NAME : _____

Print Name of the Eligible Applicant with Majority Ownership Interest: _____

TITLE _____

SIGNATURE of the Eligible Applicant with Majority Ownership Interest:

HB 799/Dutton - Signed by Governor Effective Sept. 1, 1991

Encourages state agencies to make purchase from disadvantaged businesses owned by minorities or women. It also establishes a penalty for intentionally applying as a disadvantaged business and knowingly not meeting the definition of a disadvantaged business.

****NOTED: GTMBC RESERVES THE RIGHT TO CONDUCT AN ON-SITE VISIT AND COMPLIANCE REVIEW TO ASSIST IN SUBSTANTIATING GRANTING YOUR COMPANY ELIGIBILITY FOR CERTIFICATION, RE-CERTIFICATION AND DURING THE TENURE OF YOUR CERTIFICATION.**

NOTARIZED BY

DATE THIS _____ DAY OF _____, _____

I, THE UNDERSIGNED

(Print Name)

(Signature)