



Upstate New York Regional Minority Purchasing Council, Inc.

Recertification Application and Certified Supplier Profile Update

Company Name: _____ Date: _____

Certification Number:

Parent Company: _____

Certification Number:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Web Address: _____

Owner's Name: _____

Owner's Title: _____

Other Contact: _____

Contact Title: _____

Send Mail To: _____

NAIC Code(s): _____

Product/Service Description: _____

Business Type: _____

Number of Employees: _____

Business Structure: _____

Number of Minority Employees: _____

Geographical Market: _____

Year Established: _____

Federal Tax Number: _____

Annual Sales: _____

RMSDC: _____

Other Certification: _____

References:

Company: _____

Location: _____

Company: _____

Location: _____

Bank Name: _____

Location: _____

Please check one box only!

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

Principal's Signature

Date

Principal's Name and Title (Please Print)

Please remember: Any change in ownership, control or management which could affect your certification status and is not reported within 30-days of said change will result in your immediate decertification.

