



**Upstate New York Regional Minority Purchasing Council, Inc.**  
**Reciprocal Certification Application**  
85 River Rock Drive – Suite 113, MS #14 Buffalo, NY 14207

Application fee: \$155.00

Date: \_\_\_\_\_ Check #: \_\_\_\_\_

**Section I**

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Owner(s) Name: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ SSN/Federal Tax ID: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

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 No.: \_\_\_\_\_ Contract Termination Date: \_\_\_\_\_

Full-Time Employees: \_\_\_\_\_ Part-Time Employees: \_\_\_\_\_ Number of Minority Employees: \_\_\_\_\_

List Councils you are currently certified with and certification date:

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

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

**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 or Individual d/b/a

P Partnership

S Sole Proprietorship

Type of Business (check primary function):

DS Distributor

CC Construction Contractor

MF Manufacturer

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.)

Are Majority Owners Citizens of the United States:  Yes  No (include proof)

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 American Male \_\_\_\_\_%

APF Asian-Pacific American Female \_\_\_\_\_%

AIM Asian-Indian American Male \_\_\_\_\_%

AIF Asian-Indian American Female \_\_\_\_\_%

Ethnic group status shall be determined on the basis of the definition in the guidelines. Provide documentation, i.e., birth certificate and any and all such materials to show ethnic group status as described above.

**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. Further, the undersigned agrees to provide through the prime contractor or, if no prime contractor, directly to the grantee current, complete and accurate information regarding actual work performed on the project, the payment therefore and any proposed changes, if any, of the foregoing arrangements and to permit the audit and examination of books, records and files of the named firm.

**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 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, impeded, 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 representation will be grounds for initiating action under Federal or State laws concerning false statements.

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

**Corporate Seal (where appropriate)**

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

**State Of:** \_\_\_\_\_

**County Of:** \_\_\_\_\_

**On this \_\_\_\_\_, Day of \_\_\_\_\_, 20\_\_ Before me appeared (name) \_\_\_\_\_**

**(Seal)**

**Notary Public:** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_