



**OUT OF REGION MBE SUBSCRIPTION SERVICES APPLICATION**

*\* Please note that with subscription services you will not receive another MBE Certificate. You will receive a letter identifying your firm as a subscriber to our council and the services we have to offer.*

**To qualify for subscription services, your company must meet both of the following criteria:**

- Must be a currently certified MBE within the National Minority Supplier Development Council (NMSDC) Network.
- Your subscription services expiration date will be tied to your certification expiration date. If you are requesting subscription services within 90 days of your expiration date with your home council, we ***strongly recommend*** that you hold off on your application until after you have recertified with your home council.

**SECTION I**

DATE: \_\_\_\_\_

FULL COMPANY NAME: \_\_\_\_\_

MAIN HQ ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

MAIN CONTACT PERSON: \_\_\_\_\_ CONTACT'S EMAIL: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ OWNER'S EMAIL: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ ESTIMATED ANNUAL SALES IN DFW AREA : \$ \_\_\_\_\_

FULL TIME EMPLOYEES: \_\_\_\_\_ PART TIME EMPLOYEES: \_\_\_\_\_ NO. OF MINORITY EMPLOYEES: \_\_\_\_\_

**SECTION II**

GEOGRAPHICAL MARKET: (check as applicable). List states, etc. where the firm serves or can serve.

- Local     
  Regional     
  National     
  International
- Primary Operation Location: \_\_\_\_\_
- List of States with operations: \_\_\_\_\_

**DESCRIPTION:**

Provide a full/concise description of the company's products/services \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NMSDC MINORITY OWNERSHIP: (Specify the ethnic origin and % of ownership of the person(s) who owns & controls the firm)

- |  |         |  |         |
|--|---------|--|---------|
| <input type="checkbox"/> BLM Black American Male         | _____ % | <input type="checkbox"/> BLF Black American Female         | _____ % |
| <input type="checkbox"/> HIM Hispanic American Male      | _____ % | <input type="checkbox"/> HIF Hispanic American Female      | _____ % |
| <input type="checkbox"/> NAM Native American Male        | _____ % | <input type="checkbox"/> NAF Native American Female        | _____ % |
| <input type="checkbox"/> APM Asian-Pacific American Male | _____ % | <input type="checkbox"/> APF Asian-Pacific American Female | _____ % |
| <input type="checkbox"/> AIM Asian-Indian American Male  | _____ % | <input type="checkbox"/> AIF Asian-Indian American Female  | _____ % |

List the NMSDC Supporting Regional Affiliate where the company is located and the expiration date:

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

**SECTION III-**

FEES & PAYMENT (Credit-Card Info can be taken over the phone. **First step** is to email the completed app to [sourcing@dfwmsdc.com](mailto:sourcing@dfwmsdc.com). Once you do, then we will contact your home-council for verification of your firm’s certification. After they send over the necessary documents, then we’ll contact you to handle payment over the phone)

**DFW BC Subscription Services Fee Structure (based on the company’s annual sales via federal tax returns)**

**Class 1 \$360.00—Sales Under \$1,000,000 Million                      Class 2 \$460.00—Sales from \$1 Million to \$10 Million**  
**Class 3 \$710.00—Sales from \$10 Million to \$50 Million                      Class 4 \$870.00—Sales over \$50 Million**

If you have any questions, please e-mail Certification Manager at [sourcing@dfwmsdc.com](mailto:sourcing@dfwmsdc.com) or call our office: 214-630-0747.

**DECLARATION 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 therefor 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 in 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, impede, or attempt to obstruct or impede any state official or employee who is investigating the qualifications of a business entity which has requested certification as a minority business enterprise.

Any material misrepresentation will be grounds for initiating action under Federal or State laws concerning false statements.

To Be Signed by the Principal MBE Owner:

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**DATE**