

STATE OF ARKANSAS CERTIFICATION PACKET



A STEP BY STEP GUIDE TO THE STATE OF ARKANSAS MINORITY BUSINESS ENTERPRISE (MBE) CERTIFICATION PROCESS

For additional information, visit our website
at www.arkansasedc.com or call us at 501-682-6105
or 1.800.Arkansas to find out how to make your
business a certified success.



Thank you for your interest in certifying your business with the State of Arkansas! We believe that being a State of Arkansas Certified Minority Business Enterprise (CMBE) will have benefits for your business and the State of Arkansas.

We also believe that State Certification will help open doors for your business to sell products and services to the State of Arkansas. Your business will be added to the list frequently used by minority business officers and purchasing agents.

We have developed this packet to make it easier for your firm to complete the certification process. If at anytime during the process you become unsure of what to do next or have any questions, please contact one of the individuals listed on page three.

Sincerely,



Patricia Nunn Brown
Director, Small and Minority Business Division

Table of Contents

How the Process Works

Supporting Documents Checklist

Completing the Application

Certification Form

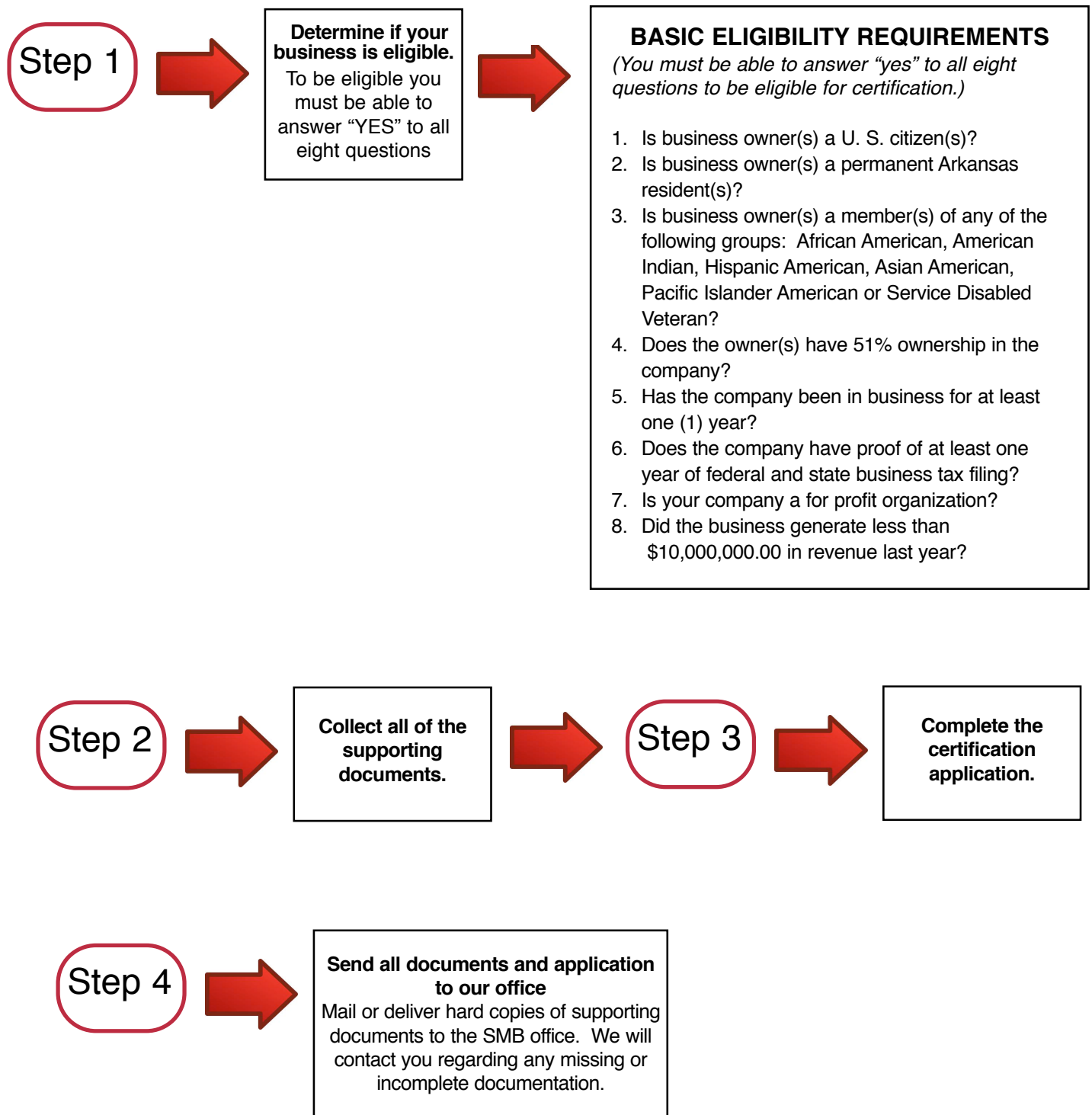
If you need assistance, please contact one of these individuals:

Karen Castle
501-682-7782
kcastle@arkansasedc.com

Clay Marks
501-682-6105
cmarks@arkansasedc.com




How the Certification Process Works



Supporting Documents Checklist

The Small and Minority Business Division of the Arkansas Economic Development Commission (AEDC) is the State's Official Certification Agency.

There is no cost to apply for certification as an MBE. It takes 20-30 business days to complete the entire process once a complete application package has been received. Submitting an incomplete application package will delay the overall certification process. Please follow the Documentation Checklist and don't hesitate to contact our office with questions at any time.

DOCUMENTS TO ATTACH TO YOUR COMPLETED APPLICATION <i>Please check (✓) each item as completed and submit along with completed application and checklist.</i>	
1. Completed MBE application form	
2. Copy of certification from qualifying organization	
3. Copy of the Articles of Incorporation, or Fictitious Name Certificate	
4. Copy of bank signature authorization form or letter signed by a bank official identifying the person(s) authorized to sign checks on the business account	
5. Federal Tax Identification Number	
6. Copy of Birth Certificate/Passport/Green Card/Tribal Card	
7. Copy of resume of owner(s)	
8. Proof of state and federal income tax filing for previous 3 years, business or personal (Minimum of one (1) year tax filing required for businesses operations)	
9. Copy of insurance**	
10. Bonding information**	
11. Copy of professional license**	
12. Partnership or Operating Agreement for businesses with 2 or more owners, evidencing division of shares and profit distribution	
13. Veterans Administration adjudication letter, (if applicant is a service-disabled veteran)	
14. How did you hear about the Minority Business Enterprise Certification Program? (Check all that apply)	
<input type="checkbox"/> Small and Minority Business Division website, material or event <input type="checkbox"/> Newspaper/Magazine <input type="checkbox"/> Minority Business Officer <input type="checkbox"/> Other, please explain briefly: <input type="checkbox"/> Referred by another organization _____ <input type="checkbox"/> Arkansas State Employee _____	

* Eligible minority businesses certified by a qualifying organization identified in Section V of these rules need only submit MBE application form along with proof of certification from the qualifying organization

**If required or accepted as a normal function of the business

Note: AEDC's Small and Minority Business Division reserves the right to request additional documentation.

Arkansas Minority Business Enterprise (MBE) Certification Application

PLEASE ANSWER THE FOLLOWING (Place N/A in blanks not applicable to your business)

I. GENERAL INFORMATION

1. Business name: _____
2. DBA-Name: _____
3. Street address of principle office location: _____
4. City: _____ State: _____ Zip Code: _____
5. Mailing address (if different): _____
6. Contact person (majority owner): _____
7. E-mail address: _____
8. Website address: _____
9. Primary phone: _____
10. Other phone: _____
11. Fax: _____
12. List or attach addresses of other locations: _____
13. Federal Tax Identification Number : _____
14. Date business was established: _____

15. Business structure: _____ Sole Proprietorship _____ General Partnership _____ Limited Partnership
Corporation: C _____ S _____ LLC _____
16. Nature of Business (Describe primary function of the firm) _____
17. Gross annual revenue: _____
18. Total number of employees: _____ Full-time: _____ Part time: _____
19. Has the firm ever existed under different ownership: Yes: No:
If yes, please explain: _____
20. Can your business currently supply products or services: Locally Regionally Nationally
21. Dun and Bradstreet Number: _____

22. Bank Name: _____
23. Bank Address: _____
24. City: _____ State: _____ Zip Code: _____
25. Bank Contact Name and Telephone Number: _____

26. Other certification from any recognized institution: _____
(SBA 8(a), Arkansas Mississippi Minority Supplier Development Council (AMMSDC) or Arkansas Highway and
Transportation Department)

II. OWNERSHIP

Name: _____

Title: _____

Position in Applicant Firm: _____

Percent Ownership: _____

Ethnic Background: African American American Indian Hispanic American
 Pacific Islander Service Disabled Veteran Asian American

III. NAICS CODE

The State of Arkansas utilizes the North American Industry Classification System (NAICS) to identify a firm's area of specialty or expertise. A firm may only be certified in the business activity in which the firm is regularly engaged, competent to engage, and is controlled by the minority or service disabled veteran qualifier(s).

In order to assist us, please indicate below the NAICS codes for the area(s) of specialty or expertise that you perform in order of importance.

For a full list of NAICS codes and assistance in locating appropriate codes please visit www.NAICS.com.

NAICS Code

Description of Work/Service

V. List some of your business customer references

Business Name: _____

Address, City State: _____

Contact Name: _____

Telephone: _____

Email: _____

Business Name: _____

Address, City State: _____

Contact Name: _____

Telephone: _____

Email: _____

Business Name: _____

Address, City State: _____

Contact Name: _____

Telephone: _____

Minority Business Enterprise CERTIFICATION FORM

(Must be signed, dated and notarized)

I, _____ (full name printed), swear or affirm under penalty of law that I am
 _____ (title) of applicant firm _____ (firm name)

and that the information submitted with this verification is for the purpose of inducing and/or continuing minority business enterprise certification by the Arkansas Economic Development Commission.

I agree to submit to examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial or discontinuation of certification.

I agree to provide written notice to the Small and Minority Business Division of Arkansas Economic Development Commission of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I agree that the firm referenced above is at least 51% owned by a minority or group of minorities legally entitled to conduct business in the United States, and can demonstrate the capacity to conduct business with the State of Arkansas. I further agree that the above mentioned firm is owned by a permanent resident or residents of the State of Arkansas, its annual revenue does not exceed \$10,000,000.00, and that I am a member of one or more of the following ethnic groups (mark all that apply):

- African American
 American Indian
 Hispanic American
 Pacific Islander
 Asian American
 Service Disabled Veteran

\$_____ is the amount of revenue that this business reported on its most recent federal income tax return.

I declare, under penalty of perjury, that all information provided is true and correct, to the best of my knowledge.

Signature _____ Printed name _____

Title _____ Date _____

NOTARY CERTIFICATE

STATE OF ARKANSAS	} SS:
COUNTY OF _____	
Subscribed and sworn to before me this _____ day of _____, 20_____.	
Printed/typed name of Notary Public _____	
Signature of Notary Public _____	
County of residence _____	Date commission expires _____
NOTE: A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS VERIFICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE STATE LAW.	