

**GREAT PLAINS MINORITY SUPPLIER
DEVELOPMENT COUNCIL, INC.**

**APPLICATION FOR MINORITY BUSINESS ENTERPRISE
RECERTIFICATION**

Return to:

Great Plains MSDC, Inc.
9140 W Dodge Road
Suite 225
Omaha, NE 68114

(402) 614-9355

(402) 614-8824 Fax

jeakins@gpmsdc.com

NOTE: Please remit the following:

- A. Completed application
- B. Documentation (if applicable)
- C. \$150.00 processing fee

Applications will not be processed with the above items. Please make checks payable to Great Plains MSDC, Inc.

**RECERTIFICATION
APPLICATION**

NMSDC RECERTIFICATION APPLICATION & CERTIFIED SUPPLIER PROFILE UPDATE

COMPANYNAME: _____ DATE: _____

CERT:# _____

PARENT COMPANY: _____

CERT:# _____

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: _____

NO.OF EMPLOYEES: _____ BUSINESS STRUCTURE: _____

RE-CERTIFICATION APPLICATION, PAGE 2

GEO. MKT: _____ FEDERAL Tax Number: _____

YEAR ESTABLISHED: _____ GROSS ANNUAL SALES: _____

RMSDC: _____ OTHER CERTIFICATIONS: _____

REFERENCES (Major business clients):

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 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 EFFECT YOUR CERTIFICATION STATUS AND IS NOT REPORTED WITHIN 30 DAYS OF SAID CHANGE WILL RESULT IN YOUR IMMEDIATE DECERTIFICATION.**