

OFFICE OF DIVERSITY
 AND INCLUSION

REGISTERED MINORITY BUSINESS APPLICATION

1. _____
 Company Name Federal Tax Id or Social Security Number

2. _____
 Type of Business (Corporation, Partnership, Sole Proprietorship) Date company was established

3. Type of Industry, (Please check all that apply):
 Construction Professional Services
 Goods Miscellaneous

4. Please describe the major activity of the company. Please be specific: _____

5. Check box if Company is a Non-profit organization.

6. _____
 Business Street Address P.O. Box

 City State Zip

7. _____ () _____ () _____
 Owner Phone Number Fax Number

 (E-mail address) (Website address)

8. Ownership Disclosure (Attach additional sheets if necessary):

Owner(s) Name	Percentage of Ownership	Race: (Black, Hispanic, Asian and Pacific Islander, American Indian and Alaska Natives, Women)	Gender	Title

9. Is this company DBE Certified? _____ MBE Certified? _____ Edge Certified? _____

10. Name of person(s) responsible for day-to-day operation of business. _____

11. Has this company ever conducted business under another name? YES _____ NO _____
 If yes, please state former names (s): _____

12. Are you a U.S. citizen? _____ If no, do you hold a valid green card? _____ Please attach copy of green card.

13. Please attach proof of ethnicity (Copy Of Birth Certificate _____ Certificate of Naturalization _____ Driver's Licenses _____ Passport _____)

14. Please complete the Affidavit. Notarize it and return all information and attachments to ODI.

For Office use only:

Date Received:	Registration Expires:	Registered By:
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AFFIDAVIT

The undersigned swears or affirms that the information submitted in this Recertification Application relative to _____ **(Company Name)** is true and further swears or affirms that there has been no substantive change in ownership and control of this company.

The undersigned further agrees to provide written information relative to any future changes in ownership and/or management of the company to the City of Columbus Mayor’s Office of Diversity and Inclusion immediately following the change. The undersigned understands that if the change in information is not submitted, decertification may occur. Any material misrepresentation of information contained herein will be grounds for decertification.

If the certifying agency determines that substantial evidence is available which indicates the applicant has committed fraud, appropriate action shall be taken.

_____ (Name , Print)	_____ (Title)
_____ (Signature)	_____ (Date)

State of _____ County of _____
On this the _____ day of _____, 20____, before me appeared
(Name) _____, who affirmed that he or she was properly authorized by
(Name of Company) _____ to execute the Affidavit and did so as his or her free act and deed.

(Seal) Notary Public _____ **My Commission Expires** _____