



RECERTIFICATION OF MINORITY/WOMEN-OWNED BUSINESS ENTERPRISE

NAME OF FIRM		
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS		
TELEPHONE	FAX	
CERTIFICATION NUMBER	FEDERAL ID OR SOCIAL SECURITY NUMBER	

IDENTIFY THOSE WHO MAINTAIN AT LEAST A 5% OWNERSHIP INTEREST IN THE FIRM

CURRENT OWNERS/MEMBERS	TITLE	ETHNICITY/GENDER	YEARS OF OWNERSHIP	OWNERSHIP PERCENTAGE

The following questions relate to changes or transactions that may have occurred in the company since it was originally certified.

- Has the type of organization (i.e., sole proprietorship, limited liability company, corporation, partnership) changed since last certification?
 Yes No **If yes, provide the appropriate documentation reflecting that change.**
- Have there been any changes in:

Articles of Incorporation or organization Members/Directors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By-Laws/Operating Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Executive Officers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Partnership Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Management Personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stock Ownership/Membership	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, to any of the above, attach supporting documentation to explain (i.e., copies of newly issued or canceled stock certificates; copies of stockholder/board meeting minutes; copies of new/amended Partnership Agreements; proof of race for new principal owners; revised listing of new owners; officers or directors identifying each person's title, race and percentage of ownership.)
- Did any stockholder, director, officer, and/or partner establish a new business relationship with or purchase an ownership interest in another company?
 Yes No
 (Business relationship includes but is not limited to: both companies having one or more of the same owners, shared equipment, employees, space, utilities, or financing, etc.) **If yes, attach supporting documentation** (i.e., copies of lease agreement, notes, workforce agreements, ownership documents, etc.)
- Has the company entered into any major equipment/property lease agreements and/or purchased any major items of equipment or property, during the last two years?
 Yes No **If yes, attach appropriate documentation and check items below:**
 Equipment/Property Lease Agreement Equipment Purchased Vehicle(s) Purchased

IMPORTANT NOTE: All recertification applications must be accompanied by your prior three (3) years federal income tax returns including Schedule K-1, Schedule E, or Schedule C (Depending on your particular business structure). If your company was initially certified through our rapid response process or your firm is located in another state, please provide a copy of your current certification from your certifying agency to our office with this application.

Contact the Certification Program at (573) 751-8130 or (877) 259-2963 if you need assistance completing this recertification application.

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain changes in the operation of the firm as well as changes in ownership and control thereof. Further, the undersigned agrees to provide directly to the MBE/WBE Certification Program current, complete, and accurate information and may be required to provide additional documentation. The firm shall permit the examination of books, records and files for the purpose of determining certification eligibility. Any material misrepresentation will be grounds for initiating action under federal or state laws concerning false statements, terminating certification and/or any contract that may be awarded. Failure to answer any questions or to supply any documents requested by the Office of Administration, Office of Supplier and Workforce Diversity will be cause for rejecting the recertification application for MBE/WBE status.

AUTHORIZED SIGNATURE	DATE
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NAME AND TITLE (PLEASE PRINT)

NAME OF COMPANY

NOTARY

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF	YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			