



ARC Business Solutions

***“Leveling the Playing Field for Small Businesses.”***

## 1.1 Applicant Information

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Firm's Legal Name\*

Doing Business As (if different than Legal Name)

Federal Employer ID Number (xx-xxxxxx)\*

Office Telephone\*

Fax Number\*

Website\*

## 1.2 Address Information

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Physical Address (No PO Box)  
Street 1\*

Mailing Address (Check if same as physical address)  
Street 1\*

Street 2

Street 2

City\*

City\*

State\*

State\*

Zip\*

Zip\*

This address is a\*

Explain the reason for mailing address:\*



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### 1.3 Contact Information

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Primary Owner's Information  
First Name\*

Secondary Contact Information  
First Name

Last Name\*

Last Name

Title\*

Title

Phone Number\*

Phone Number

Mobile Number

Mobile Number

Fax

Fax

Email\*

Email

Alternate Key Contact's Email

Alternate Key Contact's Email

### 1.4 Business Information

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Geographic Market\*

Has your firm ever applied for certification before?\*



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## 1.5 Annual Sales

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Please enter annual sales for the last 3 years. (If in business less than one year, provide gross receipts to date, enter 0 for years not in business).

Year	Annual Sales
20 *	
20 *	
20 *	

## 1.6 Company Size

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Number of Full-Time Employees\*

Number of Full-Time Minority Employees\*

Number of Part-Time Employees\*

Number of Part-Time Minority Employees\*

Number of Contract(1099) Employees\*

Number of Contract(1099) Minority Employees\*

Dun & Bradstreet Number



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## 2.1 Business Structure & Acquisition

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Type of Legal Business Structure:\*

Date when business was started, acquired,  
purchased or secured:\*

Acquisition Type:

Based on the legal entity you have selected, please ensure to attach the appropriate tax forms including all schedules for the last 2 years. NOTE: If the previous year's federal income tax returns (including all schedules) are not filed at the time of your application submission, a certified copy of your financial statements (balance sheet, profit & loss, and income statement) for the previous tax year must be submitted and an executed federal filing extension form.

Business Structure	Tax Forms
Individual (Sole Proprietorship)	Form 1040
Partnership	Form 1065f
C Corporation	Form 1120 or Form 1120 A
S Corporation	Form 1120 or Form 1120 S
Partnership LLC	Form 1065
Corporation LLC	Form 1120



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## 2.2 Ownership Information

Ownership Role	Role Description
CD	Corporate Director
CO	Corporate Officer
CS	Corporate Stock or Shareholder
MA	LLC Manager (Agent/Employee)
ME	LLC/LLP Member & Unit Holder
Part	General Partner or Partners
SProp	Sole Proprietor

Please list ALL owners, proprietors, partners, officers, members, directories, stockholders, and managers. The names listed Should include Minority Group Members and Non-Minority Group Members.

Please select Business Legal Structure in Section 1 to display ownership role selections.

Primary Owner	
Name	
Ethnic Origin	
Gender	
Citizenship	
Years of Ownership	
Role – Please select a Business Structure from section 2.1	
Ownership	
Voting	

Secondary Owner	
Name	
Ethnic Origin	
Gender	
Citizenship	
Years of Ownership	
Role – Please select a Business Structure from section 2.1	
Ownership	
Voting	



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## 2.3 Applicant Information

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Are business premises:\*

What State is the Applicant a legal resident?\*

List the site address where applicant's assets are located:\*

#	Asset Site Address
1.	
2.	
3.	

Location of additional facilities:

#	Facility	Location Address
1.		
2.		
3.		

## 2.4 Managing Employees

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Please list all responsible Officers, Members or key employees that are responsible for Managing Employees (e.g., day-to-day management):\*

#	Name	Title	Ethnic Origin
1.			
2.			
3.			
4.			
5.			



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## 2.5 Owner Contributions

List of contributions from each of the owners.\*

#	Name	Initial Capital Contribution	Equipment Value	Real Estate Value	Expertise (yrs)
1.					
2.					
3.					

**\*For Equipment Value, enter the value of the equipment contributed.**

**\*\*For Real Estate Value, enter the value of the Real Estate used for business.**

If a professional license or permit is required to provide the product or service, give information as follows  
(The license or permit shall be owned by the ethnic-minority Applicant):

#	License Holder	License/Permit Type	License #
1.			
2.			
3.			

Does your company share any resources with any other firm or individual? (Office facilities, storage space, equipment, personnel, inventory, financing, etc.)?\*

Is the SP, Member/Manager, Officer/Director, Partner or employee of the Applicant firm who is associated with any other business, associated that will benefit from this certification?\*



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Identify those individuals (principals (P), non-principals (NP) and key employees/Agent (KE)) who are Responsible for the day-to-day operations and policy decision-making, including those with prime Responsibilities for:

#	Operation	Name	Title (P, NP, or KE)	Ethnic Origin
1.	Financial Decisions			
2.	Signatory on Major Documents			
3.	Personnel Management			
4.	Marketing/Sales			
5.	Payroll			
6.	Estimating			
7.	Purchasing or Major Items			
8.	Supervision of Field Operations			
9.	Who determines what job/projects Company will undertake?			

## 2.6 Parent/Subsidiary

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Does the Applicant have any subsidiaries or affiliates or is the Applicant a subsidiary of another firm?\*

Has your firm, its Parent Company or Subsidiary been denied certification by any certifying entity (e.g., municipality or organization)?\*



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Is the Firm, Parent, Branch/Subsidiary currently certified by other NMSDC affiliate council?\*

## 2.7 Bonded & Legal Restrictions

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Is the company bonded?\*

Is the applicant business and/or owner concern involved in any present or pending lawsuit?\*

Does applicant business concern or any person, listed under Ownership, have or intend to enter into any type of agreement with any other concern or person which related to or affects the on-going administration, management or operations of the applicant concern?

Such agreements include but are not limited to management and joint venture agreements and any arrangement or contract involving the provision of such compensated services as administrative service, marketing, production and other type of compensated services.\*



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### 3.1 Business Description & Type

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In the space below, please give a “concise” description of company’s product(s) or service(s). The description(s) should fir with Applicant’s answer(s) about NAICS Code(s) and correspond with the resources (Assets) on the Balance Sheet. To function in most corporate-member supply chains in the current economic environment, buyers expect suppliers to be an expert or proficient in specific skills. Buyers are not looking for a ‘jack-of-all-trades’. NOTE: DO NOT REFERENCE BROCHURES, FLYERS OR OTHER ATTACHMENTS – your text has to fit in the space below.

Type of Business:\*

### 3.2 Transportation Information

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Is the Sole Proprietor or Firm in the Transportation of Logistics sector?\*



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## 4.1 Customer References

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Provide three (3) current customer references:\*

	Reference #1	Reference #2	Reference #3
Company Name			
Address			
City			
State			
Zip			
Buyer			
Phone			
Product/Service			
Dollar Volume (\$)			

## 4.2 Bank References

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Provide two (2) current bank references:\*

	Reference #1	Reference #2
Name of Institution		
Bank Officer		
Bank Officer Title		
Address		
City		
State		
Zip		
Type of Account		