



Canadian Aboriginal and Minority Supplier Council

Aboriginal and Visible Minority Business Enterprise (AVMBE) Application for Certification

Please answer all questions as completely as possible. When answers require more space, use additional paper, properly indentifying the item referred by the appropriate number. If a particular question does not apply to your business operation, write not applicable (NA) in the space provided. Business submitting application must be at least fifty-one percent (51%) owned by one or more Aboriginal or visible minority individuals with Canadian or United States citizenship

Date of application: _____.

1. **Business:** _____

2. **Parent Company:** _____

3. **Street Address:** _____ **Check if Home Office** _____

4. **Mailing Address [if different]:** _____

5. **City:** _____ 6. **Prov.:** _____ 7. **Postal Code:** _____

8. **Telephone:** _____ 9. **Fax Number:** _____

10. **Website Address:** _____ 11. **E- mail Address:** _____

12a. **Business Registration Number / GST Number:** _____

12b. In the space below, please give a concise description of your business' product(s), service(s), or type of construction. If your business offers more than one product/service, list primary product or service first. The description below will be placed in our database and online directory, accessible to all corporate members.

12c. **List owner, members, corporate shareholders and Limited Liability Corporation members and title, including parent company:**

Owner's Name(s)	Owner's Title

13. **Key Contact(s) Name (preferably owner/principal):** _____

14. **Key Contact's Title:** _____

15. **NAICS Code(s):** _____

If you don't know your NAICS Code, go to: <http://www.naics.com/search.htm>

16. **Type of Business:** Check primary function. Check all that appl .
- Broker s/ Agents
 - Construction Contractor (CC)
 - Consultant/Professionals
 - Distributor (DS)
 - Manufacturer (MF)
 - Manufacturer's Rep (MR)
 - Service Contractor (SC)
 - Other: _____



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17. Form of Legal Business Structure:

- Corporation
- Limited Partnership
- General Partnership
- Sole Proprietorship

18. Date Business was established: _____

19. What are the gross receipts of your business for each of the past three years? (if in business less than one year, provide gross receipts to date)

Year Ending _____ \$ _____ Year Ending _____ \$ _____
 Year Ending _____ \$ _____ Year Ending _____ \$ _____

20. Dun & Bradstreet #: _____

21. A. Number of Employees: Full Time: _____ Part Time: _____

B. Number of Aboriginal or Visible Minority Employees: _____

22. Type of Acquisition (check one below):

- Bought Existing Business
- Started Business
- Merger or Consolidation
- Secured Franchise
- Other (Please Specify): _____

IMPORTANT NOTE:
 Please submit only required documents in chronological order. The submission of a neatly organized application accompanied with the required documents will expedite the processing of your application. Please provide an explanation for any documentation you cannot provide.

Incomplete applications will promptly be returned.

Date of Acquisition : _____

23. Please list each owner, proprietor, partner, officer, member, director and stockholder. The name(s) listed should include Aboriginal and Visible Minority Group Members and Non-Aboriginal and Non-Visible Minority Group Members. Under the ownership role column, select S (Stockholder, Proprietor or partner), or D (Director and /or Officer).

CAMSC does not certify non-citizens of Canada or the United States.

Name/Title (Print)	Ethnic Origin	Gender	Citizenship	Years of Ownership	Ownership Role	Ownership Percentage (entries must total 100%)	Voting (%)

***MINORITY GROUP**

To qualify for CAMSC certification, your business must be located in Canada, be categorized “for profit” and be at least 51% owned, operated and controlled by Aboriginal or visible minority group citizens of Canada or the United States (i.e. person other than Aboriginal who is not white in race or colour)



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24a. Are business premises: (check one)

- Owned
 Leased
 Home based

List or attach location of all additional facilities: _____

24b. Geographic Market:

- Local
 Regional
 National
 International

25. List of contributions of each of the owners.

Name	Actual Money	Equipment	Real Estate	Expertise
	\$			_____ years
	\$			_____ years
	\$			_____ years
	\$			_____ years

26. If license or permit is required to provide product or service, give information as follows: *
 (*This is to know if license or permit is owned by the minority applicant.)

Name of License Holder	Type of License/Permit	License Number

27. Does your business share any resources with any other firm or individual? Yes No
 (office facilities, storage space, equipment, personnel, inventory, financing, etc.) If yes, please identify and explain fully.

28. Identify any owner, management official or employee of your business who is associated with any other business.
 Yes No If yes, explain fully and identify the business or person with whom you have an agreement and attach any written agreement and/or explain any oral or intended agreement.

29. Identify those individuals (owners, non-owners and key employees) who are responsible for the day-to-day operations and policy decision-making, including those with prime responsibilities for:

Operation	Name	Title	Ethnic Origin
Financial decisions			
Signatory on major documents			
Personnel management			
Marketing/sales			
Payroll			
Estimating			
Purchasing of major items			
Supervision of Field Operations			
What jobs firm will undertake			

30. Is the company bonded?

- Yes, Amount: _____
 No

Bonding / Security Company _____

NOTE: PLEASE SEND COPY OF BONDING CERTIFICATE



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31. Provide three current customer references (All fields are mandatory)

*A. COMPANY _____

Address _____

City/Province/Postal Code _____

Buyer _____ Phone: _____

Product/ Service _____ Dollar Volume: _____

*B. COMPANY _____

Address _____

City/Province/Postal Code _____

Buyer _____ Phone: _____

Product/ Service _____ Dollar Volume: _____

*C. COMPANY _____

Address _____

City/Province/Postal Code _____

Buyer _____ Phone: _____

Product/ Service _____ Dollar Volume: _____

32. Provide two current bank references.

*A. Name of Bank Officer _____ Title: _____

Name of Institution _____

Address _____

City/Province/Postal Code _____

Type of Account _____ Credit Line: \$ _____

*B. Name of Bank Officer _____ Title: _____

Name of Institution _____

Address _____

City/Province/Postal Code _____

Type of Account _____ Credit Line: \$ _____

33. If business is a Distributor, please complete: Average Dollar Value of Inventory:



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34. If business is a Manufacturer, list basic equipment and indicate whether equipment is leased or owned.

Basic Equipment	Leased/Owned
_____	_____
_____	_____
_____	_____

35. If business is a Contractor, please complete the following section:

License # _____ License Certification _____

Trade Specialty _____

Union Name/Local _____ Union Affiliation _____

Most Recent Project:
Project Name _____ Start Date _____ Finish date _____

Geographical Area _____ Dollar Value _____

Please name your responsible Managing Officer or responsible Managing Employee:

36. Transportation Information:

- Operating Status:
- Independent Carrier
- Insurance Carrier

- Common Carrier Operating Authorities:
- Interstate
 - Intrastate
 - Canadian Authority

List the Commodities you normally transport

Vehicles/Equipment	Owned/Leased & quantity	Registration No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Please forward copies of all applicable vehicle title and/or lease agreements with this application.

37. Does the applicant business have any subsidiaries or affiliates or is it a subsidiary of another concern? Check one:

- Yes
- No

If yes, provide the name, address, and telephone number of the subsidiary, affiliate or parent company. Also describe the relationship of the applicant business to the subsidiary, affiliate or parent.

38. Does applicant business concern or any person listed in 23 above have or intend to enter into any type of agreement with any other concern or person which relates 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. If yes, attach a copy of any written agreement of an explanation of any oral or intended agreement.

- Yes
- No

39. Is the applicant business and/or owner concern involved in any present or pending lawsuit? Check one:

- Yes, if yes, provide details on a separate sheet.
- No

40. How did you hear about CAMSC?

- Event or Presentation
- A CAMSC corporate member (Name: _____)
- Newspaper, Radio, TV
- Other (Please specify) _____

41. Supply a copy of the applicant's financial statement for one year preceding the year of application or for the time that the applicant has been in business if less than one year, plus financial statement of any subsidiaries of affiliates of the applicant for the same period of time. If the applicant is a new business concern, enclose a copy of an opening balance sheet and projection of income, or a statement by a certified public accountant, which states that the applicant is a viable business concern. All financial statements submitted to the Council must show applicable date of the information given and must be signed and dated by the proprietor, partner or authorized officer unless prepared by an independent certified public accountant. All materials will be kept confidential.

DECLARATION OF CERTIFICATION OF ABORIGINAL OR VISIBLE MINORITY STATUS

I (We) have completed and submitted the Minority Supplier Registration and Database Input Form as requested by the Canadian Aboriginal and Minority Supplier Council and hereby certify that the information contained herein and all attachments submitted are true and correct and accurate to the best of my (our) knowledge and belief I (we) understand that this Declaration of Certification and the criteria set forth have been developed according to the guidelines established by CAMSC. The certification, when granted, will be for a one (1) year period. I (We) further understand that completion and submission of this form, together with all attachments hereto, is not necessarily the sole criteria for determining certification by CAMSC.

I (We) acknowledge that if the Council discovers that a statement has been made herein which the applicant knows to be false, the certification process will be terminated immediately. I (We) agree that all materials submitted with this package shall become the property of the Council.

I (We) further agree that once certified, the continued certification and registration by CAMSC will be according to the guidelines, rules and regulations of CAMSC and may be amended from time to time. Termination of my (our) status may be based upon, but not necessarily limited to, any one of the following:

1. Cessation of business operation by the applicant's business concern.
2. Discovery that any false information was supplied to the Canadian Aboriginal and Minority Supplier Council in the completion of this form or as contained in any attachments submitted.
3. Failure to provide timely notice to the Canadian Aboriginal and Minority Supplier Council of the sale, exchange, transfer or loss of ownership and/or management and control of the business concern by its Aboriginal or visible minority group members.
4. Failure or refusal to allow the Canadian Aboriginal and Minority Supplier Council and/or its representative access to the company's place of business upon reasonable notice and demand for the purpose of a site visit.

I (We) understand and agree that the Canadian Aboriginal and Minority Supplier Council reserves the right to request any further and additional information that it may deem necessary to substantiate the information and representations made by the applicant (applicants) for certification. I (We) declare that the business in whose name this application is being submitted is at least fifty-one percent (51%) owned by one or more Aboriginal or visible minority individuals (as defined herein) and such individuals control, operate and manage the company.

The undersigned hereby acknowledges that, once certified, it shall be entitled to use the CAMSC certification mark owned by CAMSC and licensed to businesses CAMSC certifies during the term of certification only. The undersigned hereby agrees that it will use such certification mark in good faith and shall not deface or otherwise alter the certification mark. The undersigned agrees that upon termination of certification for any reason it shall immediately cease use of the certification mark and shall not hold itself out to the public as a CAMSC certified supplier.

The undersigned hereby agrees (agree) to hold Canadian Aboriginal and Minority Supplier Council free and harmless from any and all claims, demands, and damages whatsoever arising out of the presentation of this application and agrees to indemnify and hold Canadian Minority Supplier Development Council harmless for any and all liability in connection with the certification of the information contained in this application.

I (We) acknowledge that the information provided in the instant Application for Certification (the "Application") is confidential (the "Confidential Information") and that I (We) have provided CAMSC with such Confidential Information voluntarily, having obtained consent to disclose the Confidential Information to CAMSC from all those involved in the Application. I (We) understand that CAMSC will use the Confidential Information provided herein for the purposes of assessing this Application and that CAMSC will not disclose this Confidential Information to anyone, except where required to assess this Application or where required by law. Application may take up to 30-90 days to complete.

The undersigned hereby declares (declare) under penalty of perjury that all statements made in this application and any attachments hereto are true and correct. I understand that the \$700.00 Registration Fee is included and non-refundable. (Sign On Next Page) .



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Business Name _____

Signature of all major shareholders, general partner, proprietor

Date _____

Date _____

Date _____

Date _____

Please have this form NOTARIZED, retain a copy of this form for your files and return the original and the attachments to:

Indira Lokhram, Manager, Support Services
Canadian Aboriginal and Minority Supplier Council
282 Richmond St. East, Suite 101
Toronto, ON M5A 1P4
Canada
Telephone at (416) 941-0004
Facsimile at (416) 941-9282
E-mail at info@camsc.ca
Website: www.camsc.ca

Province of _____

City of _____

On _____ 20_____, before me, (name) _____ the undersigned

Notary Public, personally appeared (name) _____, personally known to me, or proved to me on the basis of satisfactory evidence, to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she they executed in the same in his/her their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) of the entity upon which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public _____ (Seal) _____

Commission Expires _____