



# USPAACC

## **Certification Application**

US Pan Asian American Chamber of Commerce

Education Foundation (USPAACC)

1329 18<sup>th</sup> St. NW, Washington DC 20036

Washington DC National Capital Area • California • Georgia • Illinois • New York • Texas

The US Pan Asian American Chamber of Commerce Education Foundation (USPAACC) was formed in 1984 as a national, non-profit, non-partisan business organization. Our mission is to promote and propel economic growth by opening doors to business, educational, and professional opportunities for Asian Americans (including East, Southeast and South Asian, and Pacific Islander) and their business partners in corporate America, government at the federal, state, and local levels, and the small and minority business community. We also serve as the gateway to Asian American suppliers and information about the Asia and Indian subcontinental markets.

USPAACC certification identifies a business as one that is at least 51% owned, controlled, and operated by Asian American(s) and/or other minority(ies). It connects them to Fortune corporations, large non-profit organizations, and key government agencies.

## USPAACC Certification Guidelines

**Eligibility** Your business must be at least 51% owned, controlled, and operated by Asian American (s) and/or other minority (ies).

### **To prepare your application**

1. Complete the application form.
2. Provide the required documents listed on the Document Checklist that pertains to your business (page 9).  
Put the document in the order of the Document Checklist and separate each category of the document with a sheet of color paper (any color will do).
3. Include a non-refundable certification process fee (\$330).  
If you choose to use expedited service, include a non-refundable expedited processing fee (\$630).  
Make check payable to **USPAACC** or provide your credit card information (page 8).
4. Mail your application form with the required documents and fee to:

USPAACC Certification  
1329 18<sup>th</sup> Street, NW  
Washington, DC 20036

**Site Visit** After a complete review of your application, and if the documentation is in order, we will contact you for a site visit appointment. Site visit is critical to ensure that at least 51% of the business is owned, controlled, and operated by Asian American(s) and/or other minority(ies). Our corporate and other purchasing members must be confident that they will be contracting with minority suppliers pursuant to their supplier diversity program.

**Certification** If you pass the documentation review and site visit interview, we will certify your business as one that is owned, controlled, and operated by Asian American(s) and/or other minority(ies). If your application is not certified, you could file an appeal with USPAACC within 60 days. USPAACC will review de novo, make a final decision and notify you.

**Renewal** Your certification is valid for one year. The expiration date will appear on your Certificate. Please contact USPAACC for renewal before it expires.

Application Date \_\_\_\_\_  
(mm/dd/yyyy)

**A. General Information about Business**

\_\_\_\_\_  
Name of Business D.B.A (if applicable)

\_\_\_\_\_  
Mailing Address:

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number(s) Fax Number

\_\_\_\_\_  
Web Address

\_\_\_\_\_  
Physical Address (if different from mailing address)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Point of Contact, Name Title

\_\_\_\_\_  
(office) (cell)

\_\_\_\_\_  
Phone Number Email Address

**A-1 Manufacturing Facility of Business (if applicable)**

\_\_\_\_\_  
Physical Address Street

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Manager Name Phone Number(s) Email

\_\_\_\_\_  
Total Available Space (Sq ft) Office Space (Sq ft)

**B. Ownership Information**

Please list all business owner, proprietor, partner, shareholder, LLC member, officer, director, minority group member and non-minority group member.

Name	Title (President, CEO, Director, etc.)	Direct Phone Number	Email	Ethnicity (Select from below*)	U.S. Citizen or LPR** Since mm/dd/yyyy
					<input type="checkbox"/> U.S. Citizen or <input type="checkbox"/> LPR since __/__/__
					<input type="checkbox"/> U.S. Citizen or <input type="checkbox"/> LPR since __/__/__
					<input type="checkbox"/> U.S. Citizen or <input type="checkbox"/> LPR since __/__/__
					<input type="checkbox"/> U.S. Citizen or <input type="checkbox"/> LPR since __/__/__
					<input type="checkbox"/> U.S. Citizen or <input type="checkbox"/> LPR since __/__/__

(Use additional paper if necessary)

\*Asian Americans are people whose origins are: Bangladesh, Bhutan, Burma, China, Fiji, Guam, Hong Kong, India, Indonesia, Japan, Kiribati, Korea, Macao, Malaysia, Maldives Islands, Micronesia, Nauru, Nepal, Northern Mariana Islands, Pakistan, Philippines, Republic of Palau, Samoa, Singapore, Sri Lanka, Taiwan, Thailand, Tonga, Tuvalu, Vietnam

Other Minorities: African American, Hispanic American, Native American

\*\*LPR stands for Legal Permanent Resident.

**B-1 Ownership Interest**

Number of shares issued & outstanding \_\_\_\_\_

Number of shares owned by owner(s) of the business \_\_\_\_\_

Name of Owner	% of Ownership	% of Voting Rights	Shares acquired on mm/dd/yyyy	% of time spent on daily management
	%	%		%
	%	%		%
	%	%		%
	%	%		%
	%	%		%
	%	%		%

(Use additional papers if necessary)

**C. Business Information**

Business was established on

Date (mm/dd/yyyy) \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_

Number of employees: Full Time \_\_\_\_\_

Part Time \_\_\_\_\_

Number of minority employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
 Gross Annual Revenue (for the last 3 years) \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Bonding capacity:  Yes Amount \$ \_\_\_\_\_  No  
 Geographic Area Served:  Local  Regional  National  International  
 D&B Number: \_\_\_\_\_ Fed ID Number: \_\_\_\_\_

**C-1 Industry Code & Type**

NAIC Code (s): \_\_\_\_\_

Not sure? Got to <http://www.naic.com/search.htm>

- Accounting     Advertising & Marketing     Aircraft     Apparel     Architecture
- Audio-Visual     Automotive     Banking     Biochemistry     Biotechnology
- Business Solutions\*     Construction     Cosmetics     Designing\*
- Dry Cleaning     Education     Electrical Products/Services     Electronics     Energy\*
- Engineering\*     Environmental products/ Services     Event Planning     Facility management
- Finance & Insurance     Financial Services     Food & Beverage\*     Furniture     Healthcare
- HVAC     Hospitality     IT (hardware)     IT (software)\*
- Import & Export\*     Investment     Legal Services\*     Lighting
- Logistics     Management Consulting\*     Manufacturing\*     Media
- Medical Supplies     Metals     Office Supplies     Plastic & Product
- Packaging     Printing & Publishing     Professional Services\*
- Promotional Items     Research & Development\*     Retail     Real Estate
- Security\*     Staffing     Telecommunications
- Others: \_\_\_\_\_

\*Please provide specialty or niche \_\_\_\_\_

**C-2 Legal Structure**

- Corporation    State of incorporation \_\_\_\_\_
- Limited Liability Company (LLC)    State of incorporation \_\_\_\_\_
- Partnership    Partner names\* \_\_\_\_\_
- Professional Corporation (PC)    Member Name (s) \_\_\_\_\_
- Professional Limited Liability Company (PLLC)    Member Name (s) \_\_\_\_\_
- Sole Proprietorship    Owner Name \_\_\_\_\_

\* Use additional paper if necessary.

**C-3 Operation**

Duties	Name	Title	Ethnicity
Supervision of day-to-day operation			
HR management			
Financial decisions			
Marketing & sales			
Estimating			
Signing contracts			
Signing payrolls			

Duties	Name	Title	Ethnicity
Signing surety/performance bonds			
Signing for insurance/certification			

**D. Certifications**

**D-1. Government Certifications**

	Valid until (mm/dd/yyyy)	Certification #
<input type="checkbox"/> Hubzone	_____	_____
<input type="checkbox"/> 8 (a)	_____	_____
<input type="checkbox"/> GSA Schedule	_____	_____
<input type="checkbox"/> CPUC (California)		
<input type="checkbox"/> State Transportation Agency	_____	_____
<input type="checkbox"/> Veteran Disabled-owned	_____	_____
<input type="checkbox"/> Veteran Owned		
<input type="checkbox"/> Women-owned Small Business (WOSB)	_____	_____
<input type="checkbox"/> Others (specify)	_____	_____

(Use additional paper if necessary)

Does the business have Government Security Clearance?  Yes  No  
 If yes, please check clearance level. (Federal level space=F State Level space=S)

Top Secret (F / S)       Facility (F / S)       Individual (F / S)  
 Confidential (F / S)       Secret (F / S)

**D-2. License/ Permit/ Other Certifications**

Type of License/Permit/ Certification	Issued by	License #	Valid until mm/dd/yyyy

**E. Transportation Information** (if applicable)

Independent Carrier  
 Common Carrier       Interstate       Intrastate  
 Insurance Carrier (Please provide policy information) \_\_\_\_\_  
 Types of good or products transported \_\_\_\_\_

Vehicles/ Equipment (Type)	Owned or leased	Quantity	Registration #

**F. Manufacturing Equipment** (if applicable)

Equipment	Owned or leased	Quantity

**G. Construction Information** (if applicable)

Trade Specialty \_\_\_\_\_

Bonding Capacity/ Agent \_\_\_\_\_

Union Name/ Affiliation (if applicable) \_\_\_\_\_

Most Recent Projects:

Name	Location (City, State)	Contract Value
		\$
		\$
		\$

**H. References**

**H-1. Customer References**

- |      |   |   |
|------|---|---|
| (i)  | Contact name _____<br>Title _____<br>Company Name _____ | Phone Number _____<br>Email Address _____<br>Fax Number _____ |
| (ii) | Contact name _____<br>Title _____<br>Company Name _____ | Phone Number _____<br>Email Address _____<br>Fax Number _____ |

**H-2. Bank References**

- |      |  |   |
|------|--|---|
| (i)  | Contact name _____<br>Title _____<br>Bank Name _____ | Phone Number _____<br>Email Address _____<br>Fax Number _____ |
| (ii) | Contact name _____<br>Title _____<br>Bank Name _____ | Phone Number _____<br>Email Address _____<br>Fax Number _____ |

\*Please inform your references that USPAACC will contact them for verification.

**I. Additional Questions**

- Are you currently involved in a lawsuit? \_\_\_\_\_
- Do you have any intention or agreement to give up control of your business in the next 18 months?  
\_\_\_\_\_
- Do you have or is your business a subsidiary of any other company?
  - If so, please give name, address, and the information for the contact person of the subsidiary.  
\_\_\_\_\_
- Are you currently involved in bankruptcy or insolvency proceedings? \_\_\_\_\_
- Have you ever been rejected by a certification body before?  Yes  No
  - If yes, who? When? Where? \_\_\_\_\_
- Do you plan to enter into or have any agreements that might affect the ownership, control, and management of the business? (e.g., joint ventures, sales, or transfer of shares, etc.) If so, specify.  
\_\_\_\_\_

**J. Affidavit**

I certify that all information provided in this application is accurate. I understand omission of any information may delay or cause denial of my application. I give USPAACC access to visit my business premises to verify the ownership, control, and management of the business. I understand that providing false information will be reason for denial of my application for certification. I recognize that USPAACC may at any time terminate my certification for cause, and all materials provided become the property of USPAACC. This information will be kept strictly confidential. If approved for certification, I will abide by USPAACC rules and remain a supplier in good standing. I agree USPAACC may make inquiries of credit bureaus, banks, lending institutions, bonding companies, vendors, suppliers, insurance companies, past employers, and concurrent contractors concerning the financial health of the business.

Print name of company owner \_\_\_\_\_ Title \_\_\_\_\_  
Company Name \_\_\_\_\_  
Email \_\_\_\_\_ Phone: (office) \_\_\_\_\_ (cell) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**K. Payment Information**

- A \$ 330.00 check is enclosed as a non-refundable processing fee  
(Payable to USPAACC, 1329 18<sup>th</sup> Street NW, Washington, DC 20036)
- Or** charge \$330.00
  - VISA Card  Master Card  American Express  Discover Card

Name on Card \_\_\_\_\_  
Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Billing Address \_\_\_\_\_  
P.O. Box or Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_



## Document Checklist

(Please send documents in the order of the following list. Please check the documents that pertain to your business.)

### All Business

1.  Document checklist (page 9)
2.  Completed USPAACC Certification Application, including non-refundable \$330 processing fee
3.  Business Federal Tax Returns and all schedules for the past two (2) years
4.  Proof of Ethnicity, Citizenship, and Immigrant Status for each minority partner/shareholder  
(Copy of Passport, Birth Certificate, or Certificate of Naturalization)
5.  Bank signature card or statement from bank indicating who are authorized to sign on business account
6.  Resumes of all principals, owners, and partners showing education, training, and employment with dates to help prospective buyers understand the experience of the owner (s)
7.  Business card of owner (s) and management team
8.  Certificate and/or Article of Incorporation of the business
9.  Copies of all licenses, permits, or certifications (if applicable)
10.  Copies of insurance policy, i.e., liability
11.  Copies of three (3) recent job contracts
12.  Equipment rental, lease and/or purchase agreements and a list of major equipment(s) owned
13.  Property purchase or rental agreements
14.  Company brochure
15.  Copies of other certifications (if applicable)

### Corporation submit:

1.  Certificate of Incorporation and/or Articles of Incorporation, and Amendments
  - a. Minutes of 1<sup>st</sup> corporate organizational meeting
  - b. Minutes of the board of directors' meetings for the past three (3) years
2.  Corporate By-laws and All Amendments
3.  Schedule of advances made to the corporation by shareholders for the preceeding three (3) years
4.  Copies of stock certificates (front & back) and stock transfer ledgers (if applicable)
5.  Proof of stock purchase or equity investment by business owner(s)
6.  Copies of any agreements or board actions relating to: stock options, stockholder voting rights, ownership agreements, and ownership of voting securities.

### LLC and PLLC submit:

1.  Article of Incorporation and Certificate of Organization
2.  Operating Agreement and/or Regulations and/or Member Agreement for the LLC company
3.  Schedule of advances made to LLC/ PLLC by members for the preceding three (3) years

### Partnerships submit:

1.  Partnership Agreements
2.  Buy-Out Rights Agreements
3.  Profit Sharing Agreements
4.  Documentation of all capital investment by all partners
5.  Limited Partnership Certificate (if applicable)

Others: If you have other documents which you believe would help in a better understanding of your business structure, ownership, control, day-to-day management, and Exit Plan, please provide them also.