



USPAACC

USPAACC REGULAR MEMBERSHIP APPLICATION

Application Date: _____

1. Company Information

Name of Business

Mailing Address

or

P.O. Box

City

State

Zip Code

Phone Number

Fax Number

E-mail Address

Web Address

2. Owner Information

Name

Title

Primary Phone Number

Cellphone

Fax Number

E-mail Address

3. Contact Information (if different from owner)

Name	Title
Phone Number	Cell Phone Number
E-mail Address	Fax Number

4. Procurement Information

NAIC Codes: _____
Not sure? Go to <http://www.naics.com/search.htm>

Description of Products and Services _____

Gross Annual Sales (for the last 3 years)

Number of Full-Time Employees _____ Number of Part-Time Employees _____

Geographic Area Served: Local Regional National

Bonding Capacity Yes \$Amount _____ No

5. Legal Structure

Sole Proprietorship

Owner's Name & SSN _____

Partnership

Partner's Name & SSN/FEI _____

Partner's Name & SSN/FEI _____

Partner's Name & SSN/FEI _____

Limited Liability Co.

State of Incorporation _____

Date Established _____ Years Under current Ownership _____

Corporation

State of Incorporation _____

Date Established _____ Years Under current Ownership _____

6. Ethnicity Background (check at least one)*

- Chinese Indian Korean Japanese Filipino Taiwanese
 Thai Vietnamese Bangladesh Guam Nepal Laotian
 Bhutan Hmong Pakistan Cambodian
 Other (specify) _____

** When identified as a member of the Asian American ethnic group, you could apply for USPAACC certification as a business owned and managed by an Asian American; i.e., a minority.*

7. Operation Information

TITLE	NAME	ETHNICITY
President		
Vice President		
Secretary		
Treasurer		
Other		

8. Owner’s Citizenship/Legal Resident Information

- U.S. Citizen (since ___ / ___ / ___) (mm/dd/yyyy)
 Permanent Resident (since ___ / ___ / ___) (mm/dd/yyyy)

9. Licenses and Other Certification Information

Type of License	License Number	Expiration Date

Any current Certifications you have by private companies, organizations, and government agencies:

Certification Type	Certification Number	Expiration Date

Are you 8 (a) certified? Yes If yes, year _____ No

10. Customer References (*provide two references*)

Company Name

Contact Name and Title

Telephone #

Fax #

Email address

City, State, Zip

Product/Service

Size of Contract

Company Name

Contact Name and Title

Telephone#

Fax #

Email address

City, State, Zip

Product/Service

Size of Contract

11. Bank & Credit References (*two references*)

Bank Name

Contact Name and Title

Telephone #

Fax #

Email address

City, State, Zip

Type of Account (checking, saving, CD, etc.)

Credit Line Available

Bank Name

Contact Name and Title

Telephone#

Fax #

Email address

City, State, Zip

Type of Account (checking, saving, CD, etc.)

Credit Line Available

12. AFFIDAVIT

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

Print Name _____ Signature _____ Date _____

Title _____ Company Name _____

12. PAYMENT INFORMATION:

A **\$250.00** check is enclosed as a non-refundable processing fee (Payable to **USPAACC-EF, 1329 18th Street NW, Washington, DC 20036**),

Or charge **\$250.00**:

VISA Card Master Card American Express Discover Card

Card No. _____ Expiration Date _____

Security Code _____

Name on Card _____

Billing Address _____

Signature _____ **Date** _____

Once you become an USPAACC certified Asian American owned business, you may receive preferred vendor status. For more information about certification, please click:
http://www.uspaacc.com/uspac/membership/certification_form.asp

Please send this form and payment either by fax, email, or by US post mail to

USPAACC

Att: Asian Business Entrepreneurs' Membership Application

1329 18th Street, NW, Washington, DC 20036

Tel: 202-296-5221 ext 133 Fax: 202-296-5225

Email: mihyun@uspaacc.com Janice@uspaacc.com