



USPAACC

Certification Application

US Pan Asian American Chamber of Commerce

Education Foundation (USPAACC)

1329 18th 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 (KC)

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. For suppliers referred by Asian American Chamber of Commerce of Kansas City (AACCKC), mail your application form with the required documents and a non-refundable certification processing fee (\$330) to:
AACCKC
8645 College Blvd., Suite 110
Overland Park, KS 66210
Make check payable to **AACCKC** or provide your credit card information (page 8).

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 AACCKC 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 _____ Phone Number _____
 Title _____ Email Address _____
 Company Name _____ Fax Number _____
- (ii) Contact name _____ Phone Number _____
 Title _____ Email Address _____
 Company Name _____ Fax Number _____

H-2. Bank References

- (i) Contact name _____ Phone Number _____
 Title _____ Email Address _____
 Bank Name _____ Fax Number _____
- (ii) Contact name _____ Phone Number _____
 Title _____ Email Address _____
 Bank Name _____ 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?
o 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

o 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 denied 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 AACCKC, 8645 College Blvd., Suite 110, Overland Park, KS 66210)

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 1st 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.