



# USPAACC

## USPAACC Re-Certification Packet

### USPAACC Mission Statement

**The US Pan Asian American Chamber of Commerce Education Foundation (USPAACC-EF) was formed in 1984 as a national, non-profit business organization representing all Asian Americans and Asian American-related groups in business, sciences, the arts, sports, education, public and community services.**

**USPAACC represents more than one ethnic group. Our members' heritage includes China, Hong Kong, Taiwan, India, Indonesia, Japan, Korea, Pakistan, the Philippines, Thailand, Vietnam, Cambodia, Singapore, Malaysia, and Mongolia.**

**We promote, nurture and propel economic growth by opening doors of contract, education and professional opportunities for Asian Americans and their business partners in corporations and government agencies.**

## USPAACC CERTIFICATION PROCESS (KC)

1. Complete the application form.
2. Follow the order of the documents listed below and provide all the documents that relate to your business. Separate each category of document with a sheet of color paper (any color will do).
  - Most recent tax returns (the last year).
  - Two recent job contracts (the last year).
  - Minutes of Board meetings regarding any changes in ownership, control and management of the business.
  - Change in Ownership and Share Certificates (if there are changes).
  - Change of owners' status (from Legal Permanent Resident to U.S. Citizen).
3. Mail the completed form, required documents and a check for \$330 for processing fee to:
  - AACCKC
  - 8645 College Boulevard, Suite 110
  - Overland Park, KS 66210Make check payable to AACCKC. To pay by credit card, see page 7.
4. Your application will be reviewed to ensure that your business continues to be at least 51% owned, controlled and operated by Asian American(s), or minority (ies).
5. If necessary, we will contact you for a site visit appointment. Site visits are designed to insure the integrity of our program so our corporate members will be confident that they will be contracting with minority suppliers.
6. If you completed the application form, provided all the required documentation, successfully completed site visit interview if necessary, and the business you applied for re-certification is still, at least, 51% owned, controlled and operated by Asian American(s), or minority (ies), your application will be approved and you will receive a new USPAACC Certificate.

# USPAACC RE-CERTIFICATION APPLICATION

**Please complete all fields**

Date: \_\_\_\_\_

## 1. Company Information

Name of Business \_\_\_\_\_

D.B.A. (if applicable) \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Web Address \_\_\_\_\_

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

(If different from mailing address)

Federal Tax ID Number \_\_\_\_\_ D & B Number \_\_\_\_\_

USPAACC Certificate# \_\_\_\_\_

## 2. Owner Information

Name & Title \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

## 3. Contact Information (if different from owner)

Name & Title \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**4. Business Type**

- Advertising & Media       Architecture & Designing       Automotive
- Chemicals & Dyes       Constructions       Cosmetics
- Educational Training       Electronics       Environmental Services
- Fabrics & Textiles       Finance & Insurance       Food & Beverage
- Furniture       Gifts & Handicrafts       Household Consumables
- Hospitality       Import/Export       Information Technologies
- Laboratory Research       Logistic Services       Machine Tools & Technology
- Manufacturing Services       Musical Instruments       Nuclear Technology
- Office Supplies       Packaging       Plastic & Product
- Printing & Publishing       Professional Services       Real Estate
- Retail       Sporting Goods       Telecom Products
- Tools & Tooling Equipment       Transportation       Travel & Tourism
- Others (please describe) \_\_\_\_\_

**5. Legal Structure**

- Sole Proprietorship      Owner's Name & SSN \_\_\_\_\_
- Partnership      Partner's Name & SSN/FEI \_\_\_\_\_  
    Partner's Name & SSN/FEI \_\_\_\_\_
- Corporate      State of Incorporation \_\_\_\_\_

Date established \_\_\_\_\_ Years under current ownership \_\_\_\_\_

**6. Procurement Information**

Geographic Area you serve:     Local                       Regional                       National

Annual Sales \$ \_\_\_\_\_ NAIC Code \_\_\_\_\_

Number of Employees \_\_\_\_\_ Number of Minority Employees \_\_\_\_\_

**7. Customer References \*two references required**

(i) _____	(ii) _____	(iii) _____
Company Name	Company Name	Company Name
_____	_____	_____
Contact Name and Title	Contact Name and Title	Contact Name and Title
_____	_____	_____
Telephone #	Telephone#	Telephone #
_____	_____	_____
Fax #	Fax #	Fax #
_____	_____	_____
Email address	Email address	Email address
_____	_____	_____
City, State, Zip	City, State, Zip	City, State, Zip
_____	_____	_____
Product/Service you provide them	Product/Service you provide them	Product/Service you provide them
_____	_____	_____
Size of Contract in \$	Size of Contract in \$	Size of Contract in \$
_____	_____	_____

**8. Bank and Credit References \*two references required**

(i) _____	(ii) _____	(iii) _____
Institution Name	Institution Name	Institution Name
_____	_____	_____
Contact Name and Title	Contact Name and Title	Contact Name and Title
_____	_____	_____
Telephone #	Telephone#	Telephone #
_____	_____	_____
Fax #	Fax #	Fax #
_____	_____	_____
Email address	Email address	Email address
_____	_____	_____
City, State, Zip	City, State, Zip	City, State, Zip
_____	_____	_____
Type of Account (checking, saving, CD, etc.)	Type of Account (checking, saving, CD, etc.)	Type of Account (checking, savings, CD,etc.)
_____	_____	_____
Credit Line Available to you	Credit Line Available to you	Credit Line Available to you
_____	_____	_____



## USPAACC RE-CERTIFICATION APPLICATION PROCESSING FEE

A **\$330.00** check is enclosed as a non-refundable processing fee  
(Payable to AACCKC),

Or charge:

VISA Card       Master Card       American Express       Discover Card

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please mail to  
AACCKC  
8645 College Boulevard, Suite 110  
Overland Park, KS 66210

**Questions:** Please call 913-338-0774; Fax: 913-345-5274  
Email: [aacckc@asianchamberkc.com](mailto:aacckc@asianchamberkc.com)