



Supplier Clearinghouse

COMPARABLE AGENCY VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

*Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.*

IMPORTANT!

Please read carefully before beginning your Comparable Agency Verification application.

1. Please make sure you have selected the correct application type.

The **Comparable Agency Application** is for all suppliers who:

- Have an active certification with **NMSDC, WBENC, and/or NGLCC**.
 - MBE status requires an active certificate from NMSDC.
 - WBE status requires an active certificate from WBENC.
 - MWBE status requires an active certificate from NMSDC **and** WBENC.
 - LGBTBE status requires an active certificate from NGLCC.
- Would like to use their comparable agency certification to become certified or recertify with the Clearinghouse.
- Are not currently certified with the Clearinghouse **OR** are renewing their Comparable Agency Verification (required ***annually***).

If your company does not meet these conditions, please return to our website to select a different application type.

2. Missing documentation will significantly delay the processing of your application. Please be sure to submit full copies of ALL required documents listed on the Document Checklist with your application.

- If you do not have a required document, please provide a brief written statement explaining why the document is not included.
- If you have a question about a required document, please email us at info@thesupplierclearinghouse.com or call 1-800-359-7998 for assistance **before** submitting your application.
- The Clearinghouse **cannot** begin verifying your application until all required documents have been received. Please do not submit an incomplete application.

Applications submitted online in the secure Supplier Clearinghouse certification system are able to be reviewed faster. Applicants are welcome to print and submit this application in paper form, but the Supplier Clearinghouse recommends online submissions for all firms.



Supplier Clearinghouse

COMPARABLE AGENCY VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

*Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.*

1. Have you previously been verified by the Clearinghouse?*

YES NO

If yes, provide: Verification Order Number: _____ Expiration Date: ____/____/____

For which status are you applying?

MBE WBE WMBE LGBTBE

2. COMPARABLE AGENCY

With which agency do you currently hold certification?*

Check all that apply:

National Minority Supplier Development Council (NMSDC) _____/_____/_____
Expiration Date

Women's Business Enterprise National Council (WBENC) _____/_____/_____
Expiration Date

National Gay & Lesbian Chamber of Commerce (NGLCC) _____/_____/_____
Expiration Date

3. BUSINESS IDENTIFICATION

Business Name* _____

DBA Name _____

Phone Number* _____ Fax Number _____

Primary Business Location* _____
Number Street

City State Zip County

Mailing Address (if different) _____
Number Street

City State Zip County

Email* _____ Website _____

Contact Person* _____
Name

Phone _____ Email _____



Supplier Clearinghouse

COMPARABLE AGENCY VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.

4. OWNERSHIP TYPE

Business Structure*: check one Corporation LLC Partnership Sole Proprietorship

Date Established*: _____/_____/_____

Dun & Bradstreet #: _____

Service Area(s)*: check all that apply Local State National International

5. LICENSE/IDENTIFICATION NUMBERS

Federal Employer Tax ID* _____ Professional License _____

State Employer Tax ID _____ Name of Licensee _____

Annual Gross Sales for 2016:* \$ _____ Is this firm a Small Business? YES NO

Number Employees*: Full Time _____ Part Time _____ Contract Personnel _____

Construction Companies Only:

Contractor License # _____ Bonding Company _____

Name of Licensee _____ Bonding Limit \$ _____

6. BUSINESS OWNERS, OFFICERS AND KEY PERSONNEL*

Identify ALL persons & firms who own the business as wells as officers, directors & key personnel. Total MUST equal 100%. Attach additional sheets if more lines are needed.

Name/Firm	Title	% Owned	US Citizen/ Permanent Resident	Race/ Ethnic Code	Gender	LGBT Status	Role (circle all applicable)
			Y N		M F	Y N	A B C
			Y N		M F	Y N	A B C
			Y N		M F	Y N	A B C
			Y N		M F	Y N	A B C

Primary Race/Ethnic Code: 1 Asian/Pacific American (includes Asian Indian) 2 Black American 3 Hispanic American 4 Native American 5 White

Role Code: A Owner B Officer/Director C Key Personnel



Supplier Clearinghouse

COMPARABLE AGENCY VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

*Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.*

7. BUSINESS SPECIALTY

Provide a brief description of products/services you provide:*

Standard Industry Classification Codes (SIC):*

Primary SIC code:

--	--	--	--

Additional SIC codes:

*A full listing of SIC codes may be obtained from the U.S. Department of Labor website at <http://www.osha.gov/oshstats/sicser.html>
Please provide the full four-digit code for each entry.*

North American Industry Classification System (NAICS):*

Primary NAICS code:

--	--	--	--	--	--	--

Additional NAICS codes:

*A full listing of NAICS codes may be obtained from the U.S. Census Bureau website at <http://www.census.gov/naics>
Please provide the full six-digit code for each entry.*



Supplier Clearinghouse

COMPARABLE AGENCY VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

*Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.*

8. BUSINESS LOCATIONS/WORK SITES

How many business locations/branch offices does your firm have?* _____

Provide information on your firm's business locations/work sites by city, number of employees on payroll (from whom FICA is deducted) in each location, SIC codes describing the primary work in each location, and the date your ownership was established. Attach additional sheets if more than five locations/work sites.

Zip code	City	# of Employees	Primary SIC Code	Date Established
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	____/____/____



Supplier Clearinghouse

COMPARABLE AGENCY VERIFICATION APPLICATION

ALL APPLICANTS MUST SUBMIT A COMPLETE, NOTARIZED APPLICATION AND SUPPORTING DOCUMENTS

*Fields noted by * are required in order for your application to be processed. Applications missing all required information will be returned as incomplete.*

APPLICATION DOCUMENT LIST

THE FOLLOWING INSTRUCTIONS SHOULD BE READ CAREFULLY

The following checklist will guide you in compiling all supporting business documents that are required to be submitted with your Comparable Agency Verification Application in order to enable the Clearinghouse to verify ownership and control of the applicant business concern.

The checklist includes the minimum supporting documents required to be submitted with the verification application in accordance with General Order 156 and the contract between the Commission and the Clearinghouse. **If any document is missing or not available, please provide a brief written explanation.**

FAILURE TO SUBMIT ALL REQUIRED DOCUMENTS MAY DELAY THE PROCESSING OF YOUR APPLICATION.

To assist the Clearinghouse in acknowledging receipt of a complete package, please compile your supporting documents in the same sequence as the checklist, and mark each document on the upper right hand corner with the letter or number that applies to each document (e.g. A, B, C, etc.).

THE FOLLOWING DOCUMENTS ARE APPLICABLE TO ALL FORMS OF BUSINESS. Check the box for each document enclosed in the column designated by the agency from which you hold a current certificate.

DOCUMENTS REQUIRED OF ALL CAV APPLICANTS	NMSDC	WBENC	NGLCC
A. Supplier Clearinghouse Comparable Agency Verification Application , completed and signed by the authorized owner(s) or officer(s), and notarized. Only the original form will be accepted. Copies will not be accepted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Copy of comparable agency certificate . If certificate is not available, provide a copy of approval letter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Federal tax returns for 2016 IN FULL: (a) Form 1120, 1120A, or 1120S, include all statements and applicable schedules for Corporations; or, (b) Form 1065, include all statements and applicable schedules for Partnerships or LLCs; or, (c) Form 1040, include entire return with W2 and 1099 statements and all applicable schedules for Sole Proprietors; or, (d) Form 4562 for all businesses (if applicable). <i>If 2016 taxes have not been filed, provide a copy of the firm's 2016 extension filing AND 2015 federal tax returns IN FULL.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>