

**DISABLED VETERAN BUSINESS ENTERPRISE (DVBE)****CERTIFICATION APPLICATION** STD. 812 (REV. 1/2001)

Department of General Services, Procurement Division

Office of Small Business Certification and Resources (OSBCR)

707 3rd Street, 1st Floor, Room 400, West Sacramento, CA 95605

(916) 375-4940

www.dgs.ca.gov/osbcr

## FOR STATE USE ONLY

REF#

Related

Please TYPE or PRINT CLEARLY in ink. Use additional paper if necessary.

Are you also applying for Small Business certification? ☐ YES ☒ NO If "yes", download the Small Business Certification Application from our website at [www.dgs.ca.gov/osbcr](http://www.dgs.ca.gov/osbcr), or call (916) 375-4940. Complete the entire Small Business Certification Application and ONLY Sections 1A, 3, 4, and 5 of this DVBE Certification Application. Submit both this and the Small Business application as one combined package.

**1. GENERAL BUSINESS INFORMATION**

A. Business Name (Name used when bidding on state contracts)		B. Also Known As (AKA) Name (If applicable)	
C. Mailing Address (Street Address or P.O. Box)		City	State
			Zip Code
D. Physical Location of Principal Office (Street Address -- Do not enter P.O. Box)		City	State
			Zip Code

Pursuant to the Federal Privacy Act (P.L. 93-579) of 1974 and the Information Practices Act (IPA) of 1977 (Civil Code Sections 1798 *et seq.*), notice is hereby given for the request of personal information by this application. The requested personal information is mandatory. The principal purpose of this mandatory information is to determine eligibility for Disabled Veteran Business Enterprise Certification. Failure to provide all or any part of the requested information may delay processing of this application. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right, upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to the appropriate IPA Officer in the Department of General Services, Office of Small Business Certification and Resources.

E. Federal Employer ID Number (FEIN)	F. Social Security Number	G. Phone Number	H. FAX Number
	_____	( ) _____	( ) _____
I. E-Mail Address	J. Internet Homepage Address	K. Date Business Started	L. Contractor's License Number
			<b>CONSTRUCTION FIRMS ONLY</b>
M. Business Type (Check all that apply)			
<input type="checkbox"/> Service <input type="checkbox"/> Construction <input type="checkbox"/> Non-Manufacturer <input type="checkbox"/> Manufacturer			

**2. OWNERSHIP AND RESIDENCE INFORMATION**

A. Ownership Type (Check one)	<input type="radio"/> Sole Proprietorship	<input type="radio"/> Corporation	<input type="radio"/> Limited Liability Partnership
	<input type="radio"/> Partnership	<input type="radio"/> Limited Liability Company	<input type="radio"/> Joint Venture

B. If your ownership type changed within the last three (3) years, enter your most previous ownership type.	Enter the change effective date.
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C. Enter ALL individuals and/or entities who hold an ownership and/or controlling interest in your firm. Include any disabled veteran managers who are not owners of the applicant firm.

IF YOUR OWNERSHIP TYPE IS	*USE THE FOLLOWING OWNERSHIP TITLE(S):	**CORPORATIONS				
Sole Proprietorship	Owner	Enter ALL corporate Officers, Board Directors, and Shareholders, including Officers and Directors who do not own stock in the business. You must specifically identify your President, Vice President, Secretary, and Treasurer/CFO. If you do not have a Vice President, enter "no VP" only for the VP position. You must list all other officers. List ALL titles for individuals/entities holding multiple titles.				
Partnership or Limited Liability Partnership	Partner					
Limited Liability Company	Member and/or Manager					
Joint Venture	Co-Venturer					
Corporations	See **CORPORATIONS					
Individual/Entity's Name	*Ownership Title(s) (Do not leave blank)	Ownership % (Must total 100%)	Home Address (Required) (Street Address -- Do not enter P.O. Box)	City	State	Zip Code

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Status	From	To	CO Initials	Date
Comments				
<input type="checkbox"/> Service <input type="checkbox"/> Construction <input type="checkbox"/> Non-Manufacturer <input type="checkbox"/> Manufacturer				

**DISABLED VETERAN BUSINESS ENTERPRISE (DVBE)****CERTIFICATION APPLICATION**STD. 812 (REV. 1/2001) [Back](#)**3. MANAGERIAL AND OPERATIONAL CONTROL INFORMATION**

Identify the primary individual responsible for each of the following duties.

DUTIES	INDIVIDUAL'S NAME	IS THE INDIVIDUAL A DISABLED VETERAN?	
A. Negotiates, executes, and signs contracts.		<input type="radio"/> YES	<input type="radio"/> NO
B. Handles financial transactions and agreements.		<input type="radio"/> YES	<input type="radio"/> NO
C. Manages workforce (subordinates and subcontractors).		<input type="radio"/> YES	<input type="radio"/> NO
D. Purchases and maintains equipment and materials.		<input type="radio"/> YES	<input type="radio"/> NO
E. Maintains office or yard facilities.		<input type="radio"/> YES	<input type="radio"/> NO
F. What requisite experience, education, knowledge, and qualification does the qualifying disabled veteran(s) possess in the firm's field of operations?			

**4. REQUIRED SUPPORT DOCUMENTS**

Your certification application cannot be processed without the following required support documents. Based upon your submitted information, it may be necessary for your firm to submit additional support documents to determine your certification eligibility.

**A. AWARD OF ENTITLEMENT LETTER FOR EACH DISABLED VETERAN OWNER AND MANAGER**

- The letter must be from the U.S. Department of Veterans Affairs or the Department of Defense.
- The letter must be dated within six (6) months of the OSBCR receiving your submitted DVBE certification application.
- The letter must certify or declare a "service-connected" disability of at least 10%.
- To obtain an Award of Entitlement letter, you may call the U.S. Department of Veterans Affairs at 1-800-827-1000.

**B. BUSINESS LICENSE COPY**

- If your city and/or county does not require a business license, provide the city or county contact person's name and phone number for verification.

**C. PARTNERSHIPS**

- A copy of your original and any amended partnership agreements.

**D. LIMITED LIABILITY PARTNERSHIPS - A copy of the following:**

- Your original partnership agreement and any subsequent amendments.
- Your original and any amended Limited Liability Partnership Registration (LLP-1) forms as filed with the California Secretary of State.

**E. LIMITED LIABILITY COMPANIES - A copy of the following documents as filed with the California Secretary of State:**

- Your original and any amended Articles of Organization.
- Most recent Statement of Information. DO NOT SEND the Statement with only the "No change in information" box checked.
- Operating Agreement.

**F. CORPORATIONS**

- A copy of your corporate meeting minutes showing the most recent officer and board of directors election.

**AND A COPY OF THE FOLLOWING DOCUMENTS AS FILED WITH THE CALIFORNIA SECRETARY OF STATE:**

- Your most recent "Statement By Domestic (or Foreign) Stock Corporation" showing ALL officers and directors. DO NOT SEND the Statement with only the "No change in information" box checked.
- Corporate by-laws and any subsequent amendments.
- Articles of Incorporation and any subsequent amendments.
- If you are a foreign (out-of-state) corporation, submit a copy of the authority to do business in California.

**G. JOINT VENTURES**

- Each joint venture application is certified on a bid-by-bid basis.
- Each co-venturer must be DVBE-certified.
- A copy of your joint venture agreement.

**5. SIGNATURE**

Any person that willfully provides false information is subject to serious penalties. The signatory of this document must be the applicant firm's owner (or officer, in the case of a corporation) and hereby certifies that he/she has read and understands that the applicant meets the DVBE Certification Requirements under the Military and Veterans Code, Section 999, and that the foregoing statement and all information provided herein is truthful and accurate. *I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

Owner / Officer's Original Signature

Date



## BUSINESS CLASSIFICATION FOR MARKETING ASSISTANCE

Classification under a specific business type and/or within a specific industry is not a certification requirement. However, to help potential business partners and contracting officials find your firm in our Internet Certified Firm Listing, include your business specialties in your DVBE certification profile. Enter your 4-digit Standard Industrial Classification (SIC) Code and corresponding SIC code description in the space(s) below. For a complete list of SIC codes, visit our website at [www.dgs.ca.gov/osbcr](http://www.dgs.ca.gov/osbcr), or call our office at (916) 375-4940. You may detach and mail this portion later to: Office of Small Business Certification and Resources, P.O. Box 989052, West Sacramento, CA 95798-9052.

If you are a construction firm, you do not have to list any classification codes. Construction firms are automatically classified by their current license classification codes that are on file with the Contractors State License Board (CSLB). We verify your contractor's license status directly with the CSLB, and only list the classification codes that are valid at the time of certification.

Business Name		Address		City	State	Zip Code
4-Digit SIC Code	SIC Code Description	4-Digit SIC Code	SIC Code Description			

## SERVICE AREAS

Classification within a specific business region is not a certification requirement. However, to help potential business partners and contracting officials find your firm in our Internet Certified Firm Listing, include your service area(s) in your DVBE certification profile. You may detach and mail this portion later to: Office of Small Business Certification and Resources, P.O. Box 989052, West Sacramento, CA 95798-9052.

Business Name	Address	City	State	ZIP Code
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Select the service area number(s) where your firm is able to do business. To view a map of the areas below, visit our website at [www.dgs.ca.gov/osbcr](http://www.dgs.ca.gov/osbcr), or call (916) 375-4940.

- |    |   |    |  |
|----|---|----|--|
| 99 | Statewide   | 7  | Ventura, Los Angeles   |
| 1  | Del Norte, Humboldt, Mendocino, Lake  | 8  | San Bernardino, Riverside  |
| 2  | Siskiyou, Modoc, Shasta, Trinity, Lassen, Tehama, Plumas                                  | 9  | Mono, Inyo   |
| 3  | Sierra, Butte, Glenn, Colusa, Sutter, Nevada, Placer, Yuba, El Dorado, Sacramento, Yolo   | 10 | Merced, Mariposa, Alpine, Stanislaus, Tuolumne, Calaveras, Amador, San Joaquin |
| 4  | Sonoma, Napa, Solano, Marin, Contra Costa, Alameda, San Francisco, Santa Clara, San Mateo | 11 | San Diego, Imperial  |
| 5  | Santa Cruz, San Benito, Monterey, Santa Barbara, San Luis Obispo                          | 12 | Orange   |
| 6  | Madera, Fresno, Kings, Tulare, Kern   |    |  |