State of California
Department of General Services
Procurement Division

FOR STATE USE ONLY
CERTIFICATION ID:
BIDDER ID:
DATE PROCESSED:

Request for Small Business & DVBE Certification (Rev. 11/4/2016)

Office of Small Business & DVBE Services (OSDS)
707 3rd Street, 1st Floor, Room 400, MS 210
West Sacramento, CA 95605
https://caleprocure.ca.gov ▪ (916) 375-4940 ▪ FAX (916) 375-4950 ▪ OSDSHelp@dgs.ca.gov

FOR EXPEDITED PROCESSING APPLY ONLINE AT HTTPS://CALEPROCURE.CA.GOV
SUBMISSION OF PAPER REQUESTS MAY SIGNIFICANTLY LENGTHEN PROCESSING TIMES.

APPLICANT MUST BE AN ESTABLISHED BUSINESS BEFORE APPLYING. TYPE OR PRINT CLEARLY IN INK.

CERTIFICATION TYPE *(Check One)* *Renewal applications should only be submitted within 90 days prior to the firm's certification expiration date*

☐ **SMALL BUSINESS (SB) ONLY**	☐ **DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) ONLY**	☐ **BOTH SB & DVBE**
Owner/officer must sign Section N	*Disabled Veteran qualifier (DV) must sign Sections N and O*	*DV qualifier must sign Sections N and O*

A. REGISTRATION & CONTACT INFORMATION (FOR ALL APPLICANTS)

1. LEGAL BUSINESS NAME Do not leave blank.	2. PRIMARY "DOING BUSINESS AS" *(DBA)* NAME, IF ANY
3. SECONDARY "DOING BUSINESS AS" *(DBA)* NAME, IF ANY	4. DUN & BRADSTREET NUMBER *(DUNS)*, IF ANY
5. FEDERAL EMPLOYER IDENTIFICATION NUMBER *(FEIN)*	6. OWNER'S SOCIAL SECURITY NUMBER *(SSN)* *(Only for sole proprietorships that do not use a FEIN)*

7. MAILING ADDRESS *(Street address or P.O. Box)*	CITY	STATE	ZIP CODE	COUNTY
8. PHYSICAL ADDRESS OF PRINCIPAL OFFICE *(Do not use P.O. Box.)* Do not leave blank.	CITY	STATE	ZIP CODE	COUNTY

9. BUSINESS PHONE NUMBER	10. BUSINESS FAX NUMBER	11. BUSINESS MOBILE NUMBER	12. BUSINESS WEB ADDRESS

13. CONTACT PERSON (*FIRST & LAST NAME*)	14. CONTACT PERSON'S EMAIL ADDRESS Do not leave blank.	15. CONTACT PERSON'S PHONE NUMBER

16. LOGIN USER ID FOR ONLINE ACCESS *(Maximum 30 characters. If a user ID is not provided, the email address from Section 14 will be used.)*
Do not leave blank.

	YES	NO
17. I approve the sharing of my certification information with other government and local agencies for the purpose of participating in their business certification programs.		

18. To request expedited processing, enter the bid due date and bid number for a bid that requires this certification. Attach the bid solicitation page that lists the bid due date (BDD).	18a. BID DUE DATE	18b. CONTRACT OR BID NUMBER

B. INDUSTRY TYPE (FOR ALL APPLICANTS)

	YES	NO
19. DOES THIS FIRM PROVIDE SERVICES?		
20a. DOES THIS FIRM HOLD A CONSTRUCTION CONTRACTOR'S LICENSE WITH THE CONTRACTORS STATE LICENSE BOARD (CSLB)?		

If this firm holds a license with CSLB, provide the following information:

20b. CONTRACTOR'S LICENSE NUMBER	20c. LICENSE CLASSIFICATION	20d. LICENSE QUALIFIER FIRST & LAST NAME	20e. QUALIFIER TYPE (RMO, ETC.)

	YES	NO
21a. DOES THIS FIRM SELL PRODUCTS AS A RESELLER, DISTRIBUTOR, WHOLESALER, RETAILER, ETC.?		
21b. IF THIS FIRM SELLS PRODUCTS, PROVIDE THE STATE BOARD OF EQUALIZATION SELLERS PERMIT NUMBER:		
22a. DOES MORE THAN 50% OF THIS FIRM'S ANNUAL GROSS RECEIPTS RESULT FROM THE SALE OF PRODUCTS IT MANUFACTURES?		
22b. DOES THIS FIRM USE ITS OWN FACILITIES TO MANUFACTURE ITS PRODUCTS?		
22c. DOES THIS FIRM TRANSFORM ORIGINAL SUBSTANCES OR MATERIALS INTO A PRODUCT WITH NEW CHARACTERISTICS?		

C. BUSINESS INFORMATION (ALL APPLICANTS MUST SELECT ONE)

23a. OWNERSHIP TYPE *(Check one)*

☐ SOLE PROPRIETORSHIP ☐ LIMITED LIABILITY PARTNERSHIP ☐ CORPORATION

☐ PARTNERSHIP ☐ JOINT VENTURE ☐ LIMITED LIABILITY COMPANY (LLC)

23b. CORPORATIONS & LLCS MUST PROVIDE THEIR CALIFORNIA SECRETARY OF STATE NUMBER:

24. If this firm's ownership type changed within the last three years, enter the previous type and the date the change occurred:

24a. PREVIOUS OWNERSHIP TYPE	24b. DATE OF OWNERSHIP TYPE CHANGE
25. DATE BUSINESS STARTED Do not leave blank.	26. MONTH TAX YEAR BEGINS

27. IS THIS FIRM A FRANCHISE?	YES	NO

D. AFFILIATE BUSINESS RELATIONSHIPS (FOR SMALL BUSINESS APPLICANTS)

28a. Small business applicants: answer the eight questions below:

During any one (or all) of the previous three tax years, did the applicant firm or its individual owners/officers:

1. HAVE A CONTROLLING OWNERSHIP INTEREST IN ANOTHER BUSINESS, INCLUDING SOLE PROPRIETORSHIPS AND/OR THE PURCHASE OF A BUSINESS?	YES	NO
2. HAVE ANY OWNERSHIP INTEREST IN ANOTHER BUSINESS, INCLUDING THE PURCHASE OF A BUSINESS?	YES	NO
3. HAVE A ROLE IN MAKING BUSINESS DECISIONS AND MANAGING DAY-TO-DAY OPERATIONS OF ANOTHER BUSINESS?	YES	NO
4. HAVE A FAMILY MEMBER WHO OWNS A SIMILAR TYPE OF BUSINESS?	YES	NO
5. HAVE A FINANCIAL RELATIONSHIP WITH AN INDIVIDUAL OR ANOTHER BUSINESS, SUCH AS ASSISTING WITH LOANS, BONDING, SECURITY, OR CREDIT? (Exclude relationships with public financial institutions.)	YES	NO
6. HAVE A CONTRACTUAL RELATIONSHIP WITH ANOTHER BUSINESS, SUCH AS ASSIGNMENTS OR TITLE TRANSFERS?	YES	NO
7. SHARE FACILITIES, EQUIPMENT OR SYSTEMS WITH ANOTHER BUSINESS?	YES	NO
8. SHARE EMPLOYEES WITH ANOTHER BUSINESS?	YES	NO

28b. Answer the following question if the applicant firm is a sole proprietorship: DID THE BUSINESS OWNER OR THE OWNER'S SPOUSE HAVE OTHER SOLE PROPRIETORSHIPS DURING ANY ONE (OR ALL) OF THE THREE PREVIOUS TAX YEARS?	YES	NO

28c. If you answered YES to any of the questions in Section 28a or 28b, complete this section

Identify each business related to a YES response. Only list the business once.

	NAME & ADDRESS OF EACH BUSINESS ASSOCIATED/AFFILIATED WITH THE APPLICANT BUSINESS	FIRST/LAST NAME & TITLE OF THE OWNER/OFFICER ASSOCIATED WITH BOTH BUSINESSES *(Include title/position held with affiliate.)*	OWNERSHIP PERCENTAGE & MONTH TAX YEAR BEGINS	AFFILIATE BUSINESS START DATE	AFFILIATION RELATIONSHIP START & END DATES		NUMBER OF EMPLOYEES *(Averaged over the last four quarters)*
					START DATE	END DATE *(If any)*	
AFFILIATE #1	BUSINESS NAME	OWNER/OFFICER IN COMMON	PERCENTAGE				
	BUSINESS ADDRESS	TITLE HELD WITH AFFILIATE	YEAR BEGINS				
AFFILIATE #2	BUSINESS NAME	OWNER/OFFICER IN COMMON	PERCENTAGE				
	BUSINESS ADDRESS	TITLE HELD WITH AFFILIATE	YEAR BEGINS				

ATTACH ADDITIONAL PAPER IF NECESSARY

E. DV EQUIPMENT OWNERSHIP (FOR DVBE APPLICANTS)

Answer the following questions that apply to equipment rental:

29. DOES THIS FIRM RENT EQUIPMENT TO THE STATE?	YES	NO
30. DOES THE DV OWN 51% OF THE QUANTITY AND VALUE OF EACH PIECE OF EQUIPMENT THAT WILL BE PROVIDED UNDER A CONTRACT?	YES	NO

F. DVBE MANAGERIAL CONTROL (FOR DVBE APPLICANTS)

Answer the following questions:

31. IS THE DV OWNER AND/OR DV MANAGER RESPONSIBLE FOR THE NEGOTIATION, EXECUTION, AND SIGNATURE OF CONTRACTS?	YES	NO
32. IS THE DV OWNER AND/OR DV MANAGER RESPONSIBLE FOR THE EXECUTION (SIGNING) OF FINANCIAL TRANSACTIONS AND AGREEMENTS *(CREDIT, BANKING, BONDING, ETC.)?*	YES	NO

G. DVBE OPERATIONAL CONTROL (FOR DVBE APPLICANTS)

Answer the following questions:

32. ARE THERE ANY FORMAL OR INFORMAL RESTRICTIONS LIMITING THE VOTING POWER OR CONTROL OF THE DV OWNER AND/OR DV MANAGER?	YES	NO
33. ARE THERE ANY THIRD PARTY AGREEMENTS RESTRICTING DV OWNER AND/OR DV MANAGER CONTROL?	YES	NO
34. DOES THE DV OWNER AND/OR DV MANAGER POSSESS THE REQUISITE EXPERIENCE, EDUCATION, KNOWLEDGE, AND QUALIFICATIONS IN THE FIRM'S FIELD OF OPERATIONS?	YES	NO
35. ARE THE SALARY/PROFITS OF THE DV OWNER COMMENSURATE (PROPORTIONATE) WITH THEIR OWNERSHIP INTEREST?	YES	NO
36. DOES THE DV OWNER AND/OR DV MANAGER HAVE DIRECT RESPONSIBILITY FOR SUBORDINATES, IF ANY?	YES	NO
37. DOES THE DV OWNER AND/OR DV MANAGER HAVE DIRECT RESPONSIBILITY FOR SUBCONTRACTORS, IF ANY?	YES	NO
38. DOES THE DV OWNER AND/OR DV MANAGER HAVE DIRECT RESPONSIBILITY FOR THE APPLICANT FIRM'S EQUIPMENT, IF ANY?	YES	NO
39. DOES THE DV OWNER AND/OR DV MANAGER HAVE DIRECT RESPONSIBILITY FOR THE APPLICANT FIRM'S MATERIALS, IF ANY?	YES	NO
40. DOES THE DV OWNER AND/OR DV MANAGER HAVE DIRECT RESPONSIBILITY FOR THE APPLICANT FIRM'S FACILITIES (OFFICE/YARD)?	YES	NO
41. IS THE DV OWNER AND/OR DV MANAGER ENGAGED IN 30 HOURS OF WORK PER WEEK OR MORE OUTSIDE OF THE BUSINESS?	YES	NO

H. DVBE CORPORATIONS (FOR DVBE APPLICANTS)

Answer the following questions if this firm is a corporation:

42. DOES THE DV OWNER AND/OR DV MANAGER HAVE THE ABILITY TO CONTROL THE BOARD OF DIRECTORS?	YES	NO
43. IS THE DV OWNER ENTITLED TO 100% OF THE VALUE OF EACH SHARE OF STOCK THEY HOLD?	YES	NO
44. DOES THE DV OWNER AND/OR DV MANAGER HOLD THE HIGHEST OFFICER POSITION AND HAVE CONTROL OVER ALL OTHER POSITIONS IN THE FIRM?	YES	NO

I. APPLICANT'S OWNERSHIP (FOR ALL APPLICANTS)

45. Enter the names and complete HOME ADDRESSES of all owners, shareholders, and/or officers in the applicant business. When the applicant business is owned by another business, enter the parent company's headquarters address in the home address box.

CORPORATIONS: Identify ALL corporate officers, even if they do not have ownership in the business.

- President/CEO, Vice President, Secretary, and Treasurer/CFO must be identified. If an individual holds multiple titles, list all titles held.
- If there is no Vice President, write No VP in the title box.

LIMITED LIABILITY COMPANIES (LLCs): Enter the LLC members, managers and/or officers.

- **DVBE LLCs must be 100% owned by one or more disabled veterans.**

DVBE: Check the Disabled Veteran Qualifier box to identify each qualifying disabled veteran.

OWNER TYPE: Enter an owner type (Individual, Business, Trust, Holding Co., Parent Co., or ESOP) for each owner, shareholder, and/or officer.

OWNER/OFFICER NAME	TITLE *(List all officer titles – see instructions above)*	OWNERSHIP PERCENTAGE *(Must total 100%)*	HOME ADDRESS, CITY, STATE, ZIP CODE *(Do not enter P.O. Box)*	DISABLED VETERAN QUALIFIER?	OWNER TYPE *(Enter "Individual" or one of the types listed above)*

ATTACH ADDITIONAL PAPER IF NECESSARY

J. EMPLOYEES (FOR SMALL BUSINESS APPLICANTS)

46. Enter the **average number of employees for the last four quarters.** Include all employees, whether (part-time or seasonal) in California or outside of the state/country. If business is less than a year old, enter the average number of employees for that time frame.	NUMBER OF EMPLOYEES

K. GROSS ANNUAL RECEIPTS (FOR ALL APPLICANTS)

Use this table to locate the gross receipts on the Federal Income Tax Return. Enter the figures below.

GROSS ANNUAL RECEIPTS TABLE

IF THE FIRM'S OWNERSHIP TYPE IS:	FIND THE GROSS RECEIPTS LESS RETURNS & ALLOWANCES:
Sole Proprietorship	Form 1040, Schedule C, Section A – Line 3
C-Corporation *or* S-Corporation *(all business types except rental or leasing)*	Form 1120 *or* 1120S – Line 1c
Partnership *or* S-Corporation *(rental or leasing business)*	Form 8825 – total of Line 3 combined
Partnership or Limited Liability Partnership (LLP) *(all business types except rental or leasing)*	Form 1065 – Line 1c
Limited Liability Company – *Single Member*	Form 1040, Schedule C – Line 3 *or* Form 1120 – Line 1c
Limited Liability Company – *Multiple members*	Form 1065 *or* Form 1120 *or* 1120S – Line 1c

47. APPLICANT FIRM – Enter Gross Receipts for the three most recently completed tax years (or the number of years in business, if less than three):

TAX YEAR	FROM TAX YEAR START (MM/DD/YY)	TO TAX YEAR END (MM/DD/YY)	GROSS ANNUAL RECEIPTS LESS RETURNS AND ALLOWANCES
1.	/ /	/ /	$
2.	/ /	/ /	$
3.	/ /	/ /	$

48. AFFILIATE FIRM #1, if any (from Section D, Item 28c) – Enter Gross Receipts for the three most recently completed tax years (or the number of years in business, if less than three):

TAX YEAR	FROM TAX YEAR START (MM/DD/YY)	TO TAX YEAR END (MM/DD/YY)	GROSS ANNUAL RECEIPTS LESS RETURNS AND ALLOWANCES
1.	/ /	/ /	$
2.	/ /	/ /	$
3.	/ /	/ /	$

49. AFFILIATE FIRM #2, if any (from Section D, Item 28c) – Enter Gross Receipts for the three most recently completed tax years (or the number of years in business, if less than three):

TAX YEAR	FROM TAX YEAR START (MM/DD/YY)	TO TAX YEAR END (MM/DD/YY)	GROSS ANNUAL RECEIPTS LESS RETURNS AND ALLOWANCES
1.	/ /	/ /	$
2.	/ /	/ /	$
3.	/ /	/ /	$

ATTACH ADDITIONAL PAPER IF NECESSARY

L. BUSINESS CLASSIFICATION CODES AND KEYWORDS (FOR ALL APPLICANTS)

50. UNSPSC – Enter up to six United Nations Standard Products and Services Classification codes. Search for codes at www.unspsc.org.

51. NAICS – MANUFACTURERS ONLY – If this firm responded YES to all of the Manufacturer questions (Section B, Items 22a – 22c), enter up to six North American Industry Classification System (NAICS) codes. Use codes in sectors 31 through 33 because codes outside this range cannot be entered. Search for 2012 codes at https://www.census.gov/eos/www/naics/index.html.

52. KEYWORDS – Enter product/service keywords to help others, state buyers and potential business partners locate your business when searching the online certification database.

M. SERVICE AREAS (ALL APPLICANTS CHECK AT LEAST ONE)

53. Check appropriate boxes to indicate where this firm can provide goods or services. Check STATEWIDE for all counties.

☐ STATEWIDE	☐ DEL NORTE	☐ LAKE	☐ MONO	☐ SAN BENITO	☐ SANTA CLARA	☐ SUTTER
	☐ EL DORADO	☐ LASSEN	☐ MONTEREY	☐ SAN BERNARDINO	☐ SANTA CRUZ	☐ TEHAMA
☐ ALAMEDA	☐ FRESNO	☐ LOS ANGELES	☐ NAPA	☐ SAN DIEGO	☐ SHASTA	☐ TRINITY
☐ ALPINE	☐ GLENN	☐ MADERA	☐ NEVADA	☐ SAN FRANCISCO	☐ SIERRA	☐ TULARE
☐ AMADOR	☐ HUMBOLDT	☐ MARIN	☐ ORANGE	☐ SAN JOAQUIN	☐ SISKIYOU	☐ TUOLUMNE
☐ BUTTE	☐ IMPERIAL	☐ MARIPOSA	☐ PLACER	☐ SAN LUIS OBISPO	☐ SOLANO	☐ VENTURA
☐ CALAVERAS	☐ INYO	☐ MENDOCINO	☐ PLUMAS	☐ SAN MATEO	☐ SONOMA	☐ YOLO
☐ COLUSA	☐ KERN	☐ MERCED	☐ RIVERSIDE	☐ SANTA BARBARA	☐ STANISLAUS	☐ YUBA
☐ CONTRA COSTA	☐ KINGS	☐ MODOC	☐ SACRAMENTO			

N. REQUIRED SIGNATURE (FOR ALL APPLICANTS)

PENALTY OF PERJURY

Any person that willfully and knowingly provides false information is subject to serious penalties. The submittal of this request must be authorized by the applicant firm's owner (or officer, in the case of a corporation and member or manager in the case of a Limited Liability Company) or their designated user and hereby certifies that he/she has read and understands that the applicant meets the applicable Small Business and/or Disabled Veteran Business Enterprise certification requirements under Government Code Section 14837 et seq., Military and Veterans Code Section 999 et seq., and California Code of Regulations, Title 2, Section 1896 et seq., and that the foregoing statement and all information submitted herein are truthful and accurate. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

VERIFICATION OR RE-VERIFICATION OF STATUS

All applicants are subject to verification or re-verification of status at any time. Failure by a business to provide requested information that supports its eligibility, by the date and time specified by the Office of Small Business and Disabled Veteran Business Enterprise Services, shall be grounds for certification denial, discontinuance, or revocation. Sanctions may be imposed for certification program abuse. (See Title 2, California Code of Regulations, Sections 1896.14, 1896.16, 1896.17, 1896.18, 1896.82, 1896.84 and 1896.92. See also Government Code Sections 14842 and 14842.5; Military and Veterans Code Section 999.9 and Public Contract Code Section 10115 et seq., available at www.leginfo.ca.gov.)

PRIVACY

Pursuant to the Federal Privacy Act (P.L. 93-579) of 1974 and the California Information Practices Act (IPA) of 1977 (California 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 Small Business and/or DVBE Certification. Failure to provide all or any part of the requested information may delay processing of this request. 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 and DVBE Services.

OWNER'S OR CORPORATE OFFICER'S SIGNATURE	OWNER'S OR CORPORATE OFFICER'S PRINTED NAME	DATE

O. DVBE DISABILITY RATING (FOR DVBE RECERTIFICATION APPLICANTS)

I am the qualifying disabled veteran and certify that my disability rating is 10% or more.

SIGNATURE PRINTED NAME

SMALL BUSINESS CERTIFICATION

SUPPORT DOCUMENT REQUIREMENTS

1. Expedited Processing:

Applicants that require this certification for a bid must provide a copy of the bid solicitation page identifying the state agency (or reciprocity partner), contract name, and Bid Due Date (BDD).

2. First Time Applicants must provide:

Internal Revenue Service (IRS) documentation verifying the firm's Federal Employer Identification Number (FEIN) or Social Security Number (SSN)

3. All SB Applicants must provide:

- **Gross Annual Receipts:** Federal Income Tax Returns for the applicant business (and each affiliate listed in Section D, if any) for the three most recently completed tax years (or for the number of years in business, if less than three)
    - Include all pages, forms, schedules, and statements for each tax return.
    - Exceptions:
        - New businesses without applicable business tax returns must enter the Date Business Started in Section C, but will only provide tax returns when requested.
        - If the most recent tax return has not been prepared, complete and submit the Affidavit of Income (11/4/2016) form available at: http://www.documents.dgs.ca.gov/pd/smallbus/AI.pdf, which has been incorporated by reference. Include the IRS extension, if applicable. Follow the instructions on the form.

4. If Applicable, provide:

- **Employee Count:** Quarterly Contribution Return & Report of Wages - Continuation (Form DE 9C) for the applicant business (and each affiliate listed in Section D, if any) for the four most recently completed quarters (or for the number of quarters in business, if less than four). Provide copies of out-of-state and/or out-of country documents equivalent to Form DE 9C, if applicable. Professional employer organization employee records can be submitted.
- **Trust agreement and amendments, if ownership is held by a trust**
- **Franchise agreement and amendments, if any**
- **SB Corporations:**
    - Corporate meeting minutes listing current elected corporate officers and directors or Statement of Information as filed with California Secretary of State
- **SB Limited Liability Companies (LLCs):**
    - Articles of Organization
    - Operating Agreement and amendments
    - LLC Statement of Information, as filed with the California Secretary of State
- **SB Joint Ventures (JVs):**
    - Each joint venture partner must be certified as a Small Business.
    - Provide the Joint Venture agreement for the specific project.

DVBE CERTIFICATION

SUPPORT DOCUMENT REQUIREMENTS

1. Expedited Processing:

Applicants that require this certification for a bid must provide a copy of the bid solicitation page identifying the state agency (or reciprocity partner), contract name, and Bid Due Date (BDD).

2. First Time Applicants must provide:

Internal Revenue Service (IRS) documentation verifying the firm's Federal Employer Identification Number (FEIN) or Social Security Number (SSN)

For each disabled veteran owner and/or manager, an Award of Entitlement letter, eBenefits Service/Benefit Verification letter, or Retired/Retainer letter from the U.S. Department of Veterans Affairs (1-800-827-1000) or Department of Defense (1-800-321-1080) or go to: https://www.ebenefits.va.gov/ebenefits/homepage

- The letter must be dated within six months of the OSDS receiving your DVBE Certification Application.
- The letter must certify or declare a service-connected disability rating of at least 10 percent.

3. All DVBE Applicants must provide:

- **Ownership Verification:** Federal Income Tax Returns for the applicant business for the three most recently completed tax years (or for the number of years in business, if less than three)
    - Include all pages, forms, schedules, and statements for each tax return
      Exceptions:
        - New businesses without applicable business tax returns must enter the Date Business Started in Section C, and provide all pages of the qualifying disabled veteran owner's most recent Individual Federal Tax Returns.
        - If the most recent tax return has not been prepared, complete and submit the Affidavit of Income (11/4/2016) form available at: http://www.documents.dgs.ca.gov/pd/smallbus/AI.pdf, which has been incorporated by reference. Include the IRS extension, if applicable. Follow the instructions on the form.
    - Partnerships: In addition to the business' Federal Income Tax Returns, provide Individual Federal Income Tax Returns for each of the partners for the three most recently completed tax years.
    - Equipment rentals: Provide Individual Federal Income Tax Returns for each disabled veteran who owns equipment for the three most recently completed tax years.
- Disabled Veteran resume that communicates experience, education, knowledge, and qualifications
- Business license from your city or county
- Seller's permit, if any

4. If Applicable, provide:

- Trust agreement and amendments, if ownership is held by a trust
- Franchise agreement and amendments, if any

- **DVBE Corporations:**
    - Corporate Articles of Incorporation
    - Corporate bylaws and any amendments
    - Corporate meeting minutes listing current elected corporate officers and directors or Statement of Information as filed with California Secretary of State
    - Stock Transfer Ledger and Stock Certificates for new applicants or changes in ownership

- **DVBE Partnerships:**
    - Partnership Agreement and amendments

      NOTE: Individual Federal Income Tax Returns are required for each partner.

- **DVBE Limited Liability Partnerships (LLPs):**
    - Partnership Agreement and amendments
    - Limited Liability Partnership Registration as filed with the California Secretary of State

      NOTE: Individual Federal Income Tax Returns are required for each partner.

- **DVBE Limited Liability Companies (LLCs):**
    - Articles of Organization
    - Operating Agreement and amendments
    - LLC Statement of Information, as filed with the California Secretary of State

      NOTE: LLC must be wholly owned by qualifying disabled veterans.

- **DVBE Joint Ventures (JVs):**
    - Provide the Joint Venture agreement for the specific project.

ADDITIONAL SUPPORT DOCUMENTS THAT MAY BE REQUESTED BY OSDS

Do not send these documents unless requested by OSDS:

Domicile:

- Voter registration record issued by the County Registrar's Office
- California driver's license
- Residential lease agreement and cancelled checks - last three months
- Residential utility bill (e.g., Gas/Electric, Water, or Garbage Services) - last three months
- State income tax returns
- IRS Form 4506-T requesting a transcript of a tax return, upon just cause [Government Code § 14840(b)]

Business Ownership:

- Office space utility bills
- Audited or unaudited business financial statements
- Business and/or personal bank signature cards
- Business and/or personal bank statements - last three months
- Business purchase agreement
- County-issued fictitious business name statement
- Cancelled checks for capital contributions
- Dissolution of corporation
- Individual federal income tax returns
- Office space lease agreement and cancelled checks - last three months
- Stock purchase agreement
- Stock transfer ledger and stock certificates
- Webpage records and revisions

Established Business:

- List of suppliers and manufacturers
- California Board of Equalization seller's permit
- Agreements: manufacturer, lines of credit, stock purchase, sales representative, distributor
- State-issued professional licenses, permits, or certificates