



**Small Business & DVBE Certification Application**  
STD. 812 (Rev. 04/2011)

Office of Small Business & DVBE Services (OSDS)  
707 3<sup>rd</sup> Street, 1<sup>st</sup> Floor, Room 1-400, MS 210  
West Sacramento, CA 95605  
<http://www.dgs.ca.gov/pd/Programs/OSDS.aspx> • (916) 375-4940 • (916) 375-4950 FAX

FOR STATE USE ONLY	
SUPPLIER #	
<input type="checkbox"/> CERT	FROM
<input type="checkbox"/> DEN	TO
S C N M	CO/DT

**APPLICANT MUST BE AN ESTABLISHED BUSINESS BEFORE APPLYING.**

CERTIFICATION TYPE (CHECK ONE)

**SMALL BUSINESS (SB) ONLY** (Complete entire application except Sect. 8 & 9)  **DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) ONLY** (Complete entire application except Section 4)  **BOTH SB & DVBE** (Complete entire application)

**1. APPLICANT BUSINESS INFORMATION - (ALL APPLICANTS) TYPE OR PRINT CLEARLY IN INK.**

A. LEGAL BUSINESS NAME		B. FICTITIOUS OR 'DOING BUSINESS AS' (dba) NAME (AS IT WILL APPEAR ON STATE CONTRACTS)	
C. APPLICANT'S MAILING ADDRESS (STREET ADDRESS OR P.O. BOX)		CITY	STATE ZIP CODE
D. APPLICANT'S PHYSICAL ADDRESS OF PRINCIPAL OFFICE (DO NOT USE P.O. BOX) <b>DO NOT LEAVE BLANK</b>		CITY	STATE ZIP CODE
E. FEDERAL EMPLOYER ID NUMBER (FEIN)	F. SOCIAL SECURITY NUMBER (SSN)	G. DUN & BRADSTREET (DUNS) NUMBER	H. DATE BUSINESS STARTED
I. PHONE NUMBER	J. FAX NUMBER	K. E-MAIL ADDRESS	L. INTERNET HOMEPAGE ADDRESS
M. IS YOUR FIRM <b>INDEPENDENTLY OWNED AND OPERATED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		N. IS YOUR FIRM <b>DOMINANT IN ITS FIELD OF OPERATION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
O. ENTER THE <b>FIRM'S AVERAGE NUMBER OF EMPLOYEES FOR THE LAST FOUR QUARTERS</b> , INCLUDING ALL EMPLOYEES THAT ARE IN CALIFORNIA, OUT-OF-STATE AND/OR OUT OF THE COUNTRY. IF YOU HAVE BEEN IN BUSINESS FOR LESS THAN A YEAR, ENTER THE NUMBER OF EMPLOYEES AVERAGED OVER THE NUMBER OF QUARTERS THAT YOU WERE IN BUSINESS.			NUMBER OF EMPLOYEES
P. OWNERSHIP TYPE (CHECK ONE) <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY CO. <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> JT. VENTURE			
Q. DID YOUR OWNERSHIP STRUCTURE CHANGE WITHIN THE LAST 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE Q1 AND Q2		1. ENTER THE PREVIOUS OWNERSHIP TYPE (USE TYPES IN SECTION P ABOVE)	2. ENTER THE DATE THE CHANGE OCCURRED
R. IF YOU CHECKED "CORPORATION" OR "LIMITED LIABILITY CO." IN SECTION "P," ENTER YOUR CALIFORNIA SECRETARY OF STATE NUMBER.	SECRETARY OF STATE NUMBER	S. COMPLETE IF YOU ARE BIDDING ON A STATE CONTRACT. ALSO, ATTACH BID SOLICITATION PAGE LISTING THE BID DUE DATE.	1. BID DUE DATE 2. CONTRACT NUMBER
T. BUSINESS TYPE (CHECK ALL THAT APPLY) <input type="checkbox"/> SERVICE <input type="checkbox"/> CONSTRUCTION (SEE "U" BELOW) <input type="checkbox"/> MANUFACTURER (TRANSFORMS MATERIALS INTO NEW PRODUCTS—SEE "V" BELOW) <input type="checkbox"/> NON-MANUFACTURER (RESELLER, WHOLESALER, DISTRIBUTOR, OR RETAILER OF GOODS)			
U. IF YOU CHECKED " <b>CONSTRUCTION</b> " IN SECTION "T," COMPLETE U1 AND U2.		1. CONTRACTOR'S LICENSE NUMBER	2. LICENSE CLASSIFICATION CODES
V. IF YOU CHECKED " <b>MANUFACTURER</b> " IN SECTION "T," CHECK THE APPROPRIATE "YES" OR "NO" ANSWERS IN V1, V2, AND V3.			<b>YES</b> <b>NO</b>
1. ARE YOU PRIMARILY ENGAGED IN THE CHEMICAL OR MECHANICAL TRANSFORMATION OF RAW MATERIALS?			
2. DO YOU USE YOUR OWN FACILITIES TO MANUFACTURE YOUR PRODUCTS?			
3. DOES 50% OR MORE OF YOUR GROSS ANNUAL RECEIPTS COME FROM THE MANUFACTURING AND SALE OF PRODUCTS MANUFACTURED BY YOUR BUSINESS?			

**2. CALIFORNIA COUNTIES WHERE THE APPLICANT FIRM CAN PROVIDE ITS GOODS OR SERVICE (ALL APPLICANTS)**

CHECK THE CALIFORNIA COUNTY BOX(ES) WHERE THE APPLICANT FIRM CAN PROVIDE ITS SERVICE OR GOODS. CHECK "STATEWIDE" FOR ALL COUNTIES.

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

**3. APPLICANT'S OWNERSHIP (ALL APPLICANTS MUST) ATTACH ADDITIONAL PAPER IF NECESSARY**

**ALL APPLICANTS:** IN THE BOXES BELOW, ENTER THE NAMES OF ALL OWNERS/SHAREHOLDERS OF THE APPLICANT BUSINESS. YOU MUST ENTER THE COMPLETE HOME ADDRESS FOR ALL INDIVIDUAL OWNERS/SHAREHOLDERS. WHEN ANOTHER BUSINESS OWNS THE APPLICANT BUSINESS IN PART OR IN WHOLE, ENTER THE BUSINESS' COMPLETE PRINCIPAL OFFICE ADDRESS IN THE "HOME ADDRESS" BOX. THE APPLICANT'S OWNERSHIP INTEREST MUST TOTAL 100%.

**ALL CORPORATIONS:** CORPORATIONS MUST ALSO IDENTIFY ALL OF THEIR CORPORATE OFFICERS (PRESIDENT, VICE PRESIDENT (VP), SECRETARY, AND TREASURER) WHETHER THEY HAVE OWNERSHIP IN THE BUSINESS OR NOT. **AN OMISSION OF ANY OF THESE FOUR OFFICERS WILL DELAY YOUR CERTIFICATION RESULTS.** IF YOU DON'T HAVE A VICE PRESIDENT, ENTER "NO VP" IN THE "INDIVIDUAL'S TITLE" COLUMN. IF AN INDIVIDUAL HOLDS MULTIPLE TITLES, LIST ALL TITLES FOR THAT PERSON.

**ALL LIMITED LIABILITY COMPANIES (LLC):** IN ADDITION TO THE APPLICANT'S LLC MEMBERS, YOU MUST ENTER THE LLC MANAGER(S) AND/OR OFFICER(S).

**A DVBE LLC** MUST BE (100%) WHOLLY OWNED BY ONE OR MORE DISABLED VETERAN(S).

**\*\*\*ALL DVBE APPLICANTS:** DVBS MUST ALSO CHECK THE "DV" BOX NEXT TO EACH OF YOUR QUALIFYING DISABLED VETERAN(S).

NAME OF INDIVIDUAL OWNER(S), SHAREHOLDER(S), AND/OR CORP. OFFICERS	INDIVIDUAL'S TITLE (DO NOT LEAVE BLANK. CORPS. MUST SPECIFY ALL 4 CORP. OFFICERS)	INDIVIDUAL'S OWNERSHIP % (MUST TOTAL 100%)	HOME ADDRESS (STREET ADDRESS-NO P.O. BOX) THIS IS A CERTIFICATION REQUIREMENT DO NOT LEAVE BLANK OR ENTER A NON-HOME ADDRESS	CITY	STATE	ZIP	***DV?

**4. AFFILIATE BUSINESS RELATIONSHIPS** ALL SMALL BUSINESS APPLICANTS DO NOT LEAVE BLANK OR ENTER "N/A"

**PART A—**ALL SMALL BUSINESS APPLICANTS MUST ANSWER EACH OF THE 8 QUESTIONS BELOW TO IDENTIFY POTENTIAL AFFILIATE BUSINESSES. ALL BUSINESS RELATIONSHIPS MEETING ANY OR ALL OF THE FOLLOWING 8 CRITERIA MAY BE CONSIDERED TO BE AFFILIATED EVEN IF NO BUSINESS INCOME WAS GENERATED.

DURING ANY ONE (OR ALL) OF THE PREVIOUS THREE TAX YEARS, DID THE APPLICANT OR ITS INDIVIDUAL OWNERS/OFFICERS:			DURING ANY ONE (OR ALL) OF THE PREVIOUS THREE TAX YEARS, DID THE APPLICANT OR ITS INDIVIDUAL OWNERS/OFFICERS:		
	YES	NO		YES	NO
1. HAVE A CONTROLLING OWNERSHIP INTEREST IN ANOTHER BUSINESS?			2. SHARE OR HAVE COMMON OWNERS WITH ANOTHER BUSINESS?		
3. SHARE OR HAVE COMMON MANAGEMENT WITH ANOTHER BUSINESS? ("MANAGEMENT" REFERS TO THE OWNERS/OFFICERS THAT CONTROL THE BUSINESS' DECISIONS AND DAY-TO-DAY OPERATIONS.)			4. HAVE A FAMILY MEMBER(S) ENGAGED IN A SIMILARLY OR COMMONLY RELATED BUSINESS ACTIVITY AS THE APPLICANT?		
5. HAVE A FINANCIAL RELATIONSHIP WITH ANOTHER BUSINESS, CONSISTING OF LOANS AND/OR ASSISTANCE TO MEET BOND/SECURITY OR CREDIT REQUIREMENTS? (EXCLUDE THOSE WITH PUBLIC FINANCIAL INSTITUTIONS.)			6. HAVE A CONTRACTUAL RELATIONSHIP BETWEEN THE APPLICANT FIRM AND ANOTHER COMPANY CONSISTING OF ASSIGNMENTS, AND/OR TRANSFER OF TITLE(S)?		
7. SHARE FACILITIES, EQUIPMENT OR SYSTEMS WITH ANOTHER BUSINESS?			8. SHARE EMPLOYEES WITH ANOTHER BUSINESS?		

<b>PART B—</b> IF YOU CHECKED "SOLE PROPRIETORSHIP" IN SECTION 1P, YOU MUST ANSWER THE FOLLOWING QUESTION.	YES	NO
DID THE APPLICANT'S OWNER HAVE OTHER SOLE PROPRIETORSHIPS (BESIDES THE APPLICANT FIRM) DURING ANY ONE (OR ALL) OF THE THREE PREVIOUS TAX YEARS?		

**PART C—**IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS IN 4A AND/OR 4B, YOU MUST COMPLETE THIS SECTION. ATTACH ADDITIONAL PAPER IF NECESSARY.

YOU MUST IDENTIFY EACH BUSINESS THAT APPLIES TO YOUR "YES" RESPONSE IN SECTION 4A AND/OR 4B ABOVE. YOU ONLY HAVE TO LIST THE BUSINESS ONCE IF THERE ARE MULTIPLE REASONS AND/OR PERSONS THAT ESTABLISH THE RELATIONSHIP.

ENTER THE NAME AND ADDRESS OF EACH BUSINESS ASSOCIATED WITH EACH OF YOUR "YES" ANSWERS IN 4A OR 4B ABOVE	ENTER THE NAME(S) OF THE OWNER(S) OR OFFICER(S) IN THE APPLICANT FIRM THAT IS ASSOCIATED WITH THE BUSINESS LISTED BELOW	RELATIONSHIP OR TITLE THIS OWNER/OFFICER HAS WITH THE BUSINESS LISTED BELOW	OWNERSHIP % THAT THIS OWNER/OFFICER HOLDS IN THE BUSINESS BELOW	RELATIONSHIP		ENTER THE LISTED BUSINESS' AVERAGE # OF EMPLOYEES OVER THE LAST 4 QTRS
				START DATE	END DATE	
1 BUSINESS NAME BUSINESS ADDRESS						
2 BUSINESS NAME BUSINESS ADDRESS						

## GROSS ANNUAL RECEIPTS TABLE

USE THIS TABLE TO LOCATE THE GROSS ANNUAL RECEIPTS ON A FEDERAL INCOME TAX RETURN AS REQUIRED IN SECTION 5 BELOW

IF YOUR FIRM OWNERSHIP TYPE IS A:	YOUR GROSS ANNUAL RECEIPTS LESS RETURNS & ALLOWANCES ARE LOCATED ON:
SOLE PROPRIETORSHIP	SCHEDULE C (FORM 1040), SECTION A, LINE 3
PARTNERSHIP OR S-CORPORATION (RENTAL OR LEASING BUSINESS)	FORM 8825, TOTAL OF LINE 3 COMBINED
PARTNERSHIP (ALL OTHER BUSINESS TYPES)	FORM 1065, LINE 1C
S-CORPORATION (ALL OTHER BUSINESS TYPES)	FORM 1120S, LINE 1C
C-CORPORATION	FORM 1120 OR 1120A, LINE 1C
LIMITED LIABILITY COMPANY - SINGLE MEMBER/MANAGER	FORM 1040, SCHEDULE C, LINE 3 OR FORM 1120 OR 1120A, LINE 1C
LIMITED LIABILITY COMPANY - MULTIPLE MEMBERS/MANAGERS WITH PARTNERSHIP TAX STRUCTURE	FORM 1065, LINE 1C
LIMITED LIABILITY COMPANY - MULTIPLE MEMBERS/MANAGERS WITH S-CORP TAX STRUCTURE	FORM 1120S, LINE 1C
LIMITED LIABILITY COMPANY - MULTIPLE MEMBERS/MANAGERS WITH C-CORP TAX STRUCTURE	FORM 1120 OR 1120A, LINE 1C
LIMITED LIABILITY PARTNERSHIP	FORM 1065, LINE 1C

### 5. GROSS ANNUAL RECEIPTS (ALL APPLICANTS) ATTACH ADDITIONAL PAPER IF NECESSARY

FOR EACH OF THE THREE MOST RECENTLY COMPLETED TAX YEARS, BEGINNING WITH THE MOST CURRENT YEAR IN ROW 1, ENTER YOUR FIRM'S "GROSS ANNUAL RECEIPTS LESS RETURNS AND ALLOWANCES" AS REPORTED ON YOUR BUSINESS' FEDERAL INCOME TAX RETURN. (SEE "GROSS ANNUAL RECEIPTS TABLE" ABOVE.) ADDITIONALLY, IF YOU HAVE AFFILIATES (AS IDENTIFIED IN SECTION 4), YOU MUST ENTER THEIR GROSS ANNUAL RECEIPTS IN THE "AFFILIATE" SPACE(S) PROVIDED BELOW. IF THE APPLICANT OR AFFILIATE IS LESS THAN THREE YEARS OLD, ENTER THE RECEIPTS ONLY FOR THOSE YEARS THAT THEY WERE IN BUSINESS.

#### APPLICANT

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

#### AFFILIATE 1 – ENTER YOUR FIRST AFFILIATE'S NAME FROM SECTION 4 HERE (IF ANY)→

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

#### AFFILIATE 2 – ENTER YOUR SECOND AFFILIATE'S NAME FROM SECTION 4 HERE (IF ANY)→

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

### 6. BUSINESS CLASSIFICATION CODES AND DESCRIPTION KEYWORDS (ALL APPLICANTS)

A. USE THE UNITED NATIONS STANDARD PRODUCTS AND SERVICES CODE (UNSPSC) LOCATED AT [WWW.UNSPSC.ORG](http://www.unspsc.org). "MANUFACTURERS" ALSO USE THE LIST OF NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CLASSIFICATION CODES LOCATED ON THE INTERNET AT [HTTP://WWW.NAICS.COM](http://www.naics.com). ENTER UP TO THREE UNSPSC CODES AND THREE CORRESPONDING NAICS CODES WHICH BEST CLASSIFY YOUR LINE OF BUSINESS.

UNSPSC 1	UNSPSC 2	UNSPSC 3	NAICS 1	NAICS 2	NAICS 3
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B. ALL FIRMS (INCLUDING CONSTRUCTION FIRMS) ENTER THE INDIVIDUAL **KEYWORDS** (DESCRIPTIVE TERMS) WHICH BEST DESCRIBE YOUR BUSINESS AND ITS OFFERINGS. CONSIDER USING TERMS THAT WILL HELP STATE BUYERS AND POTENTIAL BUSINESS PARTNERS LOCATE YOUR BUSINESS WHEN THEY USE THE STATE'S "ONLINE CERTIFIED SMALL BUSINESS AND/OR DVBE SEARCH ENGINE." YOUR KEYWORDS WILL BE TRUNCATED TO 255 CHARACTERS. ONCE YOU ARE CERTIFIED, YOU CAN UPDATE YOUR KEYWORDS ONLINE.

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**7. COMMERCIALLY USEFUL FUNCTION (CUF) (ALL APPLICANTS)**

ANSWER THE FOLLOWING QUESTIONS AS THEY APPLY TO THE APPLICANT FIRM WHEN FULFILLING A CONTRACT OR PURCHASE ORDER.	YES	NO
A. WILL YOUR FIRM PROVIDE SERVICES AND/OR PRODUCTS THAT ARE SPECIFICALLY RELATED TO THAT CONTRACT/PURCHASE ORDER?		
B. WILL YOUR FIRM DIRECTLY PERFORM, MANAGE OR SUPERVISE YOUR DESIGNATED PORTION OF THE WORK?		
C. WILL YOUR FIRM PROVIDE SERVICES AND/OR PRODUCTS THAT ARE NORMAL FOR YOUR LINE OF BUSINESS?		
D. IF YOU SUBCONTRACT, OR HAD TO SUBCONTRACT (ANY OR ALL OF) THE WORK ON A STATE CONTRACT/PURCHASE ORDER, IS THE AMOUNT OF SUBCONTRACTING NORMAL FOR YOUR INDUSTRY?		
E. WILL YOUR FIRM PERFORM THE WORK OR PROVIDE THE GOODS YOURSELF, AND NOT ACT AS A PASS-THROUGH IN ORDER TO GIVE THE APPEARANCE OF SB AND/OR DVBE PARTICIPATION?		

**8. DVBE MANAGEMENT AND CONTROL (ALL DVBE APPLICANTS)**

A. ANSWER THE FOLLOWING QUESTIONS AS THEY APPLY TO THE <b>MANAGERIAL CONTROL</b> OF THE APPLICANT FIRM.	YES	NO
1. IS THE DISABLED VETERAN (DV) OWNER(S) OR DV MANAGER(S) RESPONSIBLE FOR THE NEGOTIATIONS, EXECUTION, AND SIGNATURE OF CONTRACTS?		
2. IS THE DV OWNER(S) OR DV MANAGER(S) RESPONSIBLE FOR THE EXECUTION (SIGNING) OF FINANCIAL TRANSACTIONS AND AGREEMENTS (CREDIT, BANKING, BONDING)?		
B. ANSWER THE FOLLOWING QUESTIONS AS THEY APPLY TO THE <b>OPERATIONAL CONTROL</b> OF THE APPLICANT FIRM.	YES	NO
1. ARE THERE ANY FORMAL OR INFORMAL RESTRICTIONS LIMITING THE VOTING POWER OR CONTROL OF THE DV OWNER(S) AND/OR DV MANAGER(S)?		
2. ARE THERE ANY THIRD PARTY AGREEMENTS RESTRICTING THE CONTROL OF THE DV OWNER(S) AND/OR DV MANAGER(S)?		
3. DOES THE DV OWNER(S) OR DV MANAGER(S) POSSESS THE REQUISITE EXPERIENCE, EDUCATION, KNOWLEDGE, AND QUALIFICATIONS IN THE APPLICANT FIRM'S FIELD OF OPERATIONS?		
4. ARE THE SALARY/PROFITS OF THE DV OWNER(S) AND DV MANAGER(S) COMMENSURATE (PROPORTIONATE) WITH THEIR OWNERSHIP INTEREST?		
5. DOES THE DV OWNER(S) OR DV MANAGER(S) HAVE DIRECT RESPONSIBILITY FOR SUBORDINATES, IF ANY?		
6. DOES THE DV OWNER(S) OR DV MANAGER(S) HAVE DIRECT RESPONSIBILITY FOR SUBCONTRACTORS, IF ANY?		
7. DOES THE DV OWNER(S) OR DV MANAGER(S) HAVE DIRECT RESPONSIBILITY FOR THE APPLICANT FIRM'S EQUIPMENT?		
8. DOES THE DV OWNER(S) OR DV MANAGER(S) HAVE DIRECT RESPONSIBILITY FOR THE APPLICANT FIRM'S MATERIALS?		
9. DOES THE DV OWNER(S) OR DV MANAGER(S) HAVE DIRECT RESPONSIBILITY FOR THE APPLICANT FIRM'S FACILITIES (OFFICE/YARD)?		
C. IF YOU ARE A DVBE APPLICANT AND CHECKED " <b>CORPORATION</b> " IN SECTION 1P, YOU MUST ALSO ANSWER THE QUESTIONS IN SECTION 8C.	YES	NO
10. DOES THE DV OWNER(S) RECEIVE AT LEAST 51% OF ANY DIVIDENDS PAID BY THE FIRM, INCLUDING DISTRIBUTION UPON LIQUIDATION?		
11. DOES THE DV OWNER(S) HAVE THE ABILITY TO APPOINT OR ELECT AND TO REMOVE THE MAJORITY OF THE BOARD OF DIRECTORS?		
12. ARE THE DV OWNER(S) ENTITLED TO 100% OF THE VALUE OF EACH SHARE OF STOCK THEY HOLD?		

**9. DVBE SERVICE AND/OR NON-MANUFACTURER QUESTIONS (ALL DVBE APPLICANTS)**

IF YOU ARE A DVBE APPLICANT AND CHECKED " <b>SERVICE AND/OR NON-MANUFACTURER</b> " IN SECTION 1T, YOU MUST ALSO ANSWER THE QUESTIONS IN SECTION 9.	YES	NO
13. IS THE APPLICANT FIRM A "BROKER" OR "AGENT" IN THAT YOU DO NOT HAVE TITLE, POSSESSION, CONTROL AND RISK OF LOSS OF MATERIALS, SUPPLIES, SERVICES, OR EQUIPMENT PROVIDED TO THE AWARDING DEPARTMENT?		
14. WILL THE APPLICANT BE RENTING EQUIPMENT TO THE STATE?		
15. DOES THE APPLICANT FIRM'S DV OWNER(S) OWN 51% OF THE QUANTITY AND VALUE OF THE MATERIALS, SUPPLIES, AND SERVICES, AND EACH PIECE OF EQUIPMENT THAT WILL BE PROVIDED UNDER A CONTRACT?		

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 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 and DVBE Services.

**10. REQUIRED SIGNATURE (ALL APPLICANTS)**

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 applicable Small Business and/or DVBE certification requirements under Government Code Section 14835 et seq., and/or 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 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.*

OWNER'S OR CORPORATE OFFICER'S SIGNATURE	OWNER'S OR CORPORATE OFFICER'S PRINTED NAME	DATE
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**SB/DVBE APPLICANT OR CERTIFIED FIRM PENALTY OF PERJURY DECLARATION  
 SB/DVBE FEDERAL TAX RETURN TRANSCRIPT ACKNOWLEDGEMENT  
 DISABLED VETERAN (DV) 51% UNCONDITIONAL OWNERSHIP ACKNOWLEDGEMENT**

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**PENALTY OF PERJURY DECLARATION (Part 1)**

The undersigned states:

*I certify (or declare) under penalty of perjury under the laws of the State of California that all information submitted in the small business and/or the Disabled Veteran Business Enterprise (DVBE) application, and any additional information to determine eligibility, is true and correct.*

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**FEDERAL TAX RETURN TRANSCRIPTS ACKNOWLEDGEMENT (Part 2)**

The undersigned acknowledges that upon request by the Department of General Services, Office of Small Business & DVBE Services, that the DVBE or small business, applicant or certified firm, must submit a specified federal tax form to release transcripts of tax returns.

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**DV 51% UNCONDITIONAL OWNERSHIP ACKNOWLEDGEMENT (Part 3)**

Only applicable to DVBE applicants:

The undersigned acknowledges that applicants or certified firms must submit documents requested by the Department of General Services, Office of Small Business & DVBE Services, that establish at least 51% of the stock or voting stock be unconditionally owned by one or more disabled veterans.

*Authority for all of the above: Assembly Bill 2249 [Approved by Governor September 25, 2010; Filed with the Secretary of State September 27, 2010]*

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**An authorized signature from each Owner, Corporate Officer, Member/Manager**

Authorized Signer's Printed True Full Name and Title	
Authorized Signature	Date
Name of Business	Supplier # (if issued)

**Important Note:** All applicants are subject to verification or reverification 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 OSDS, shall be grounds for denial or decertification. Please also note that sanctions may be imposed for certification program misuse. (See Title 2, California Code of Regulations, Sections 1896.14, 1896.16, and 1896.70. See also Government Code, Sections 14842 and 14842.5; and Military and Veterans Code, Section 999.9; available at [www.leginfo.ca.gov](http://www.leginfo.ca.gov).)

**SMALL BUSINESS SUPPORT DOCUMENT REQUIREMENTS – PAGES SEVEN & NINE**

**DVBE SUPPORT DOCUMENT REQUIREMENTS – PAGES EIGHT & NINE**

## **REQUIRED SUPPORT DOCUMENTATION THAT MUST ACCOMPANY YOUR SMALL BUSINESS CERTIFICATION APPLICATION**

If you are a new applicant firm, provide official Internal Revenue Service (IRS) documentation verifying the firm's Federal Employee Identification Number (FEIN) or Social Security Number (SSN) listed on the application.

If you are bidding on a state contract and require expedited processing of this application, submit a copy of the bid solicitation document showing the state agency, title of contract opportunity, and the "Bid Due Date."

If you meet any of the following:

- You are a Limited Liability Company, or
- You are a "Manufacturer" **and** you answered "No" to one or more questions in Section 1V, or
- You selected three or more Business Types (in Section 1T), or
- An owner/officer of the applicant is a business, trust, holding company or parent company (in Section 3), or
- You have three or more affiliates (in Section 4C), or
- The combined gross annual receipts of the applicant and affiliates (entered in 4C) averages \$10.5 million or more over the previous three tax years, or
- The combined number of employees of the applicant and affiliates (entered in 4C) averages 75 or more over the previous four quarters, or
- You answered "No" to one or more questions in Section 7, or
- Your firm has previously applied for certification.

You must provide a copy of:

1. The entire **Federal Income Tax Returns** for the applicant business and each affiliate business (listed in Section 4C, if any) for the three most recently completed tax years (or for the years that you or your affiliate were in business);
  - If the income tax return is on extension with the IRS, submit the Affidavit of Income form (Rev. 12/15/2009) and tax extension. If the combined gross annual receipts of the applicant and affiliates average \$10.5 million over the previous three tax years, also submit an audited or unaudited Business Income Statement.
2. The **Quarterly Contribution Return and Report of Wages (Continuation)** (Form DE 9C) for the applicant business and each affiliate business (listed in Section 4C, if any) for the four most recently completed quarters. Submit a copy of out-of-state and/or out-of country documents equivalent to Form DE 9C, if applicable. Prior to Q1 of 2011 this form was known as Form DE 6 (Quarterly Wage and Withholding Report).
3. Trust Agreement and amendments, when applicable.
4. Franchise Agreement and amendments, when applicable.

**ADDITIONALLY**, if you meet any of the nine bulleted items above, you must also submit:

### Small Business Limited Liability Companies (LLC)

1. Articles of Organization as filed with the California Secretary of State.
2. LLC - Statement of Information as filed with the California Secretary of State.
3. Operating Agreement and amendments.

### Small Business Corporations

1. Articles of Incorporation as filed with the California Secretary of State.
2. Corporate meeting minutes listing current elected corporate officers and directors, or Statement of Information as filed with the California Secretary of State.

### Small Business Joint Ventures

1. Each coventurer must be certified as a Small Business.
2. Joint Venture applications are certified on a bid-by-bid basis.
3. Provide the Joint Venture agreement for the specific project that the Joint Venture will bid on.
4. Solicitation for the specific project.

**REQUIRED SUPPORT DOCUMENTATION THAT MUST ACCOMPANY YOUR DVBE CERTIFICATION APPLICATION**

If you are a new applicant firm, provide official Internal Revenue Service (IRS) documentation verifying the firm's Federal Employee Identification Number (FEIN) or Social Security Number (SSN) listed on the application.

If you are bidding on a state contract and require expedited processing of this application, submit a copy of the bid solicitation document showing the state agency, title of contract opportunity, and the "Bid Due Date."

**ALL DVBE APPLICANTS** must submit a copy of:

1. For each disabled veteran owner and/or manager, an Award of Entitlement 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)
  - 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

**NOTE:** *Currently certified disabled veterans may submit the Service-Connected Disability Renewal Statement 812B (Rev. 4/16/09).*

2. The entire **Federal Income Tax Returns** for the applicant business for the three most recently completed tax years.
  - If the income tax return is on extension with the IRS, submit the Affidavit of Income -AI (Rev. 12/15/2009) and tax extension.
  - Partnerships—In addition to the business' Federal Income Tax Returns, also 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
3. Business license.
4. Disabled Veteran resume(s) which communicate experience, education, knowledge, and qualifications (original applicants).
5. Trust Agreement and amendments, when applicable.
6. Franchise Agreement and amendments, when applicable.

Refer to <http://www.dgs.ca.gov/pd/Programs/OSDS.aspx> for DVBE Equipment Ownership Requirements, when applicable.

**ADDITIONALLY:**DVBE Partnerships

1. Partnership agreement and amendments.

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

DVBE Limited Liability Partnerships

1. Partnership agreement and amendments.
2. Limited Liability Partnership Registration (LLP-1) as filed with the California Secretary of State.

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

DVBE Limited Liability Companies (LLC)

1. Articles of Organization as filed with the California Secretary of State.
2. LLC - Statement of Information as filed with the California Secretary of State.
3. Operating Agreement and amendments.

**NOTE: Business must be wholly owned by a disabled veteran(s).**

DVBE Corporations

1. Articles of Incorporation.
2. Corporate meeting minutes listing current elected corporate officers and directors, or the most recent Statement of Information as filed with the California Secretary of State.
3. Corporate bylaws and amendments.
4. Stock Transfer Ledger and Stock Certificates for original applicants or changes in business structure.

DVBE Joint Venture Applicants

1. Each coventurer must be certified as a DVBE.
2. Joint Venture applications are certified on a bid-by-bid basis.
3. Provide the Joint Venture agreement for the specific project that the Joint Venture will bid on.
4. Solicitation for the specific project.

**ALL APPLICANTS** - Additional Support Documents that may be requested include, but are not limited to:

## Domicile:

- Voter registration record issued by the County Registrar's Office, or DMV Driver Record H6 Printout
- Residential Lease Agreement and cancelled checks - last three (3) months
- Residential Utility Bill (e.g., PG&E, Water, or Garbage Services) - last three (3) months
- California Franchise Income Tax Returns

## Business Ownership:

- All Office Space Utility Bills
- Audited or unaudited Business Income Statement
- Business and/or Personal Bank Signature card(s)
- Business and/or Personal Bank Statements - last three (3) months
- Business Purchase Agreement
- California County Issued Fictitious Business Name Statement
- Cancelled Checks for Stock Certificates issued to all major stockholders
- Capital Contributions
- Declaration of Business Assets (movable or immovable)
- Dissolution of Corporation
- Individual Federal Income Tax Returns
- Corporate organization meeting minutes
- Office Space Lease Agreement and cancelled checks - last three (3) months
- Stock Purchase Agreement
- Stock Transfer Ledger and Stock Certificates
- Webpage records and revisions

## Employee Count:

- Professional Employer Organization (PEO) employee records

## Established Business:

- Business Plan
- List of suppliers
- Sales Representative Agreement
- State Board of Equalization (BOE) California Seller's Permit
- Written Agreements or Lines of Credit

## Experience:

- California State Issued Professional Licenses or Certificates

## Perjury Statement:

- Statement of fact addressing specific application requirements