



Small Business & DVBE Certification Application

812 (Rev. 12/2012)

Office of Small Business & DVBE Services (OSDS)

707 3rd Street, 1st 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 Initial/Date

APPLICANT MUST BE AN ESTABLISHED BUSINESS BEFORE APPLYING.

CERTIFICATION TYPE (CHECK ONE)

SMALL BUSINESS (SB) ONLY
(Exclude Sections 7 through 9)

DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) ONLY (Exclude Section 4)

BOTH SB & DVBE
(Complete entire application)

1. APPLICANT BUSINESS INFORMATION - TYPE OR PRINT CLEARLY IN INK.

A. LEGAL BUSINESS NAME		B. FICTITIOUS OR 'DOING BUSINESS AS' 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)		CITY	STATE ZIP CODE
DO NOT LEAVE BLANK			
E. FEDERAL EMPLOYER ID NUMBER	F. SOCIAL SECURITY NUMBER	G. DUN & BRADSTREET NUMBER	H. DATE BUSINESS STARTED
I. PHONE NUMBER	J. FAX NUMBER	K. E-MAIL ADDRESS	L. INTERNET HOMEPAGE ADDRESS
M. ENTER THE FIRM'S AVERAGE NUMBER OF EMPLOYEES FOR THE LAST FOUR QUARTERS , INCLUDING ALL EMPLOYEES IN CALIFORNIA, OUT-OF-STATE AND 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
N. OWNERSHIP TYPE (CHECK ONE):			
<input type="checkbox"/> SOLE PROPRIETORSHIP		<input type="checkbox"/> PARTNERSHIP	
<input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP		<input type="checkbox"/> JOINT VENTURE	
		<input type="checkbox"/> CORPORATION	
		<input type="checkbox"/> LIMITED LIABILITY COMPANY	
CA SECRETARY OF STATE NUMBER _____			
O. IF OWNERSHIP TYPE CHANGED SINCE THE LAST CERTIFICATION, ENTER THE PREVIOUS TYPE AND THE DATE THE CHANGE OCCURRED:			
P. COMPLETE P1 AND P2 IF YOU ARE BIDDING ON A STATE CONTRACT THAT REQUIRES THIS CERTIFICATION. ATTACH THE BID SOLICITATION PAGE LISTING THE BID DUE DATE.		P1. BID DUE DATE	P2. CONTRACT NUMBER

Q. BUSINESS TYPE (CHECK ALL THAT APPLY):

CONSTRUCTION SECTION R MANUFACTURER (TRANSFORMS MATERIALS INTO NEW PRODUCTS — SECTION S) NON-MANUFACTURER (RESELLER, WHOLESALER, DISTRIBUTOR, OR RETAILER OF GOODS) — SECTION T SERVICE SECTION T

R. IF YOU CHECKED CONSTRUCTION IN SECTION Q, COMPLETE R1 AND R2.	R1. CONTRACTOR'S LICENSE NUMBER	R2. LICENSE CLASSIFICATION CODES
S. IF YOU CHECKED MANUFACTURER IN SECTION Q, CHECK THE APPROPRIATE YES OR NO ANSWERS IN S1, S2, AND S3.	YES	NO
S1. ARE YOU PRIMARILY ENGAGED IN THE CHEMICAL OR MECHANICAL TRANSFORMATION OF RAW MATERIALS?		
S2. DO YOU USE YOUR OWN FACILITIES TO MANUFACTURE YOUR PRODUCTS?		
S3. DOES 50% OR MORE OF YOUR GROSS ANNUAL RECEIPTS COME FROM THE MANUFACTURING AND SALE OF PRODUCTS MANUFACTURED BY YOUR BUSINESS?		
T. IF YOU CHECKED SERVICE AND/OR NON-MANUFACTURER IN SECTION Q, DOES THE FIRM HAVE TITLE, POSSESSION, CONTROL AND RISK OF LOSS OF MATERIALS, SUPPLIES, OR EQUIPMENT PROVIDED TO THE AWARDING DEPARTMENT? CHECK THE APPROPRIATE RESPONSE.		

2. CALIFORNIA COUNTIES WHERE THE APPLICANT FIRM CAN PROVIDE ITS GOODS OR SERVICE

CHECK APPROPRIATE BOXES OR 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 ATTACH ADDITIONAL PAPER IF NECESSARY

ENTER THE NAMES AND COMPLETE HOME ADDRESSES OF ALL OWNERS, SHAREHOLDERS AND/OR OFFICERS OF THE APPLICANT BUSINESS. WHEN ANOTHER BUSINESS IS AN OWNER, ENTER THE COMPLETE PRINCIPAL OFFICE ADDRESS OF THE PARENT COMPANY IN THE HOME ADDRESS BOX.

CORPORATIONS: IDENTIFY ALL CORPORATE OFFICERS [PRESIDENT, VICE PRESIDENT (VP), SECRETARY, AND TREASURER] EVEN IF THEY DO NOT HAVE OWNERSHIP IN THE BUSINESS. **OMISSIONS OF ANY ONE OF THESE FOUR OFFICER TITLES WILL DELAY THE CERTIFICATION DECISION.** IF YOU DO NOT HAVE A VP, ENTER NO VP IN THE TITLE COLUMN. IF AN INDIVIDUAL HOLDS MULTIPLE TITLES, LIST ALL TITLES HELD.

LIMITED LIABILITY COMPANIES (LLC): ENTER THE LLC MEMBERS, LLC MANAGERS AND/OR OFFICERS.

DVBE LLC: MUST BE 100-PERCENT OWNED BY ONE OR MORE DISABLED VETERANS.

DVBE APPLICANTS: CHECK THE DISABLED VETERAN BOX TO IDENTIFY EACH QUALIFYING DISABLED VETERANS.

NAME OF INDIVIDUAL OWNERS, SHAREHOLDERS, AND/OR OFFICERS	TITLE (LIST ALL OFFICER TITLE)	OWNERSHIP PERCENTAGE (MUST EQUAL 100)	HOME ADDRESS (DO NOT ENTER P.O. BOX ADDRESS AND DO NOT LEAVE BLANK)		CITY	STATE	ZIP	DISABLED VETERAN?

LIST OTHER BUSINESSES OWNED OR MANGAGED BY THESE INDIVIDUALS IN SECTION 4C.

4. AFFILIATE BUSINESS RELATIONSHIPS SMALL BUSINESS APPLICANTS ANSWER YES OR NO

4A—SMALL BUSINESS APPLICANTS: ANSWER THE EIGHT QUESTIONS 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:	YES	NO	DURING ANY ONE (OR ALL) OF THE PREVIOUS THREE TAX YEARS, DID THE APPLICANT OR ITS INDIVIDUAL OWNERS/OFFICERS:	YES	NO
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 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 TITLES?		
7. SHARE FACILITIES, EQUIPMENT OR SYSTEMS WITH ANOTHER BUSINESS?			8. SHARE EMPLOYEES WITH ANOTHER BUSINESS?		

4B—IF YOU CHECKED SOLE PROPRIETORSHIP AS OWNERSHIP TYPE, ANSWER THE FOLLOWING QUESTION.

ANYTIME DURING THE THREE PREVIOUS TAX YEARS, DID YOU OR DO YOU HAVE OTHER SOLE PROPRIETORSHIPS?

YES	NO

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

IDENTIFY EACH BUSINESS FOR YES RESPONSES IN 4A OR 4B. IF THERE ARE MULTIPLE REASONS OR PERSONS THAT ESTABLISH THE BUSINESS RELATIONSHIP, ONLY LIST THE BUSINESS ONCE.

	ENTER THE NAME AND ADDRESS OF EACH BUSINESS ASSOCIATED WITH YOUR BUSINESS	ENTER THE NAMES OF THE OWNERS OR OFFICERS FOR THE APPLICANT BUSINESS WHO ARE ASSOCIATED WITH THESE BUSINESSES	RELATIONSHIP OR TITLE HELD	OWNERSHIP PERCENT	ASSOCIATION TERM		AVERAGE # OF EMPLOYEES OVER THE LAST FOUR QTRS
					START DATE	END DATE	
1	BUSINESS NAME						
	BUSINESS ADDRESS						
2	BUSINESS NAME						
	BUSINESS ADDRESS						

GROSS ANNUAL RECEIPTS TABLE (ALL APPLICANTS)

USE THIS TABLE TO LOCATE THE GROSS ANNUAL RECEIPTS ON A FEDERAL INCOME TAX RETURN AND ENTER THE FIGURES IN SECTION 5.

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

ENTER GROSS ANNUAL RECEIPTS FOR THE YEARS IN BUSINESS OR FOR THE THREE MOST RECENTLY COMPLETED TAX YEARS. ENTER THE MOST CURRENT YEAR IN ROW NUMBER ONE.

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 GROSS ANNUAL RECEIPTS TABLE ABOVE)
1.	/ /	/ /	\$
2.	/ /	/ /	\$
3.	/ /	/ /	\$

AFFILIATE 1 – ENTER AFFILIATE FROM SECTION 4C

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

AFFILIATE 2 – ENTER AFFILIATE FROM SECTION 4C

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

6. BUSINESS CLASSIFICATION CODES AND KEYWORDS (ALL APPLICANTS)

A. USE THE UNITED NATIONS STANDARD PRODUCTS AND SERVICES CODES (UNSPSC) LOCATED AT WWW.UNSPSC.ORG. ENTER UP TO SIX CODES.

UNSPSC 1	UNSPSC 2	UNSPSC 3	UNSPSC 4	UNSPSC 5	UNSPSC 6

B. ENTER **KEYWORDS** WHICH BEST DESCRIBE THE BUSINESS. CONSIDER USING TERMS THAT WILL HELP STATE BUYERS AND POTENTIAL BUSINESS PARTNERS LOCATE YOUR BUSINESS WHEN THEY USE THE STATE'S ONLINE SEARCH ENGINE. YOUR KEYWORDS WILL BE TRUNCATED TO 255 CHARACTERS. CERTIFICATION HOLDERS MAY UPDATE KEYWORDS ONLINE.

7. DVBE MANAGEMENT AND CONTROL (ALL DVBE APPLICANTS)

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

8. DV EQUIPMENT OWNERSHIP

ALL DVBE APPLICANTS ARE REQUIRED TO ANSWER THE FOLLOWING QUESTIONS.		YES	NO
1. WILL THE APPLICANT BUSINESS RENT EQUIPMENT TO THE STATE?			
2. DOES THE DV OWN 51% OF THE QUANTITY AND VALUE OF 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.

9. DVBE RENEWAL APPLICANTS – FIRM MUST BE CURRENTLY CERTIFIED BY THE OSDS.

I am the qualifying disabled veteran and certify that my disability rating has not declined since the submittal of my most recent Award of Entitlement letter to the OSDS.

SIGNATURE

PRINTED NAME

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

**SB/DVBE APPLICANT OR CERTIFIED FIRM PENALTY OF PERJURY DECLARATION
 SB/DVBE FEDERAL TAX RETURN TRANSCRIPT ACKNOWLEDGEMENT
 COMMERCIALY USEFUL FUNCTION (CUF) DECLARATION
 DISABLED VETERAN (DV) 51% UNCONDITIONAL OWNERSHIP ACKNOWLEDGEMENT**
 812C (Rev 12/2012)

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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.

FEDERAL TAX RETURN TRANSCRIPT ACKNOWLEDGEMENT (Part 2)

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

COMMERCIALY USEFUL FUNCTION (CUF) DECLARATION (Part 3)

I/We certify (or declare) that a Commercially Useful Function (CUF) will be performed on each state contract.

DV 51% UNCONDITIONAL OWNERSHIP ACKNOWLEDGEMENT (Part 4)

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.

Authorized signature from each Owner, Corporate Officer, Member/Manager

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

Important Note: All applications are subject to verification of status at any time. Failure by a business to provide requested information that supports its eligibility, by the date and time specified, shall be grounds for denial or decertification. 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.)

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
- You are a Manufacturer **and** you answered No to one or more questions in Section 1S
- You selected three or more Business Types in Section 1Q
- 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
- 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
- The combined number of employees of the applicant and affiliates (entered in 4C) averages 75 or more over the previous four quarters
- 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.
3. Trust Agreement and amendments, when applicable.
4. Franchise Agreement and amendments, when applicable.

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

Small Business Limited Liability Companies (LLC)

1. Articles of Organization.
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.
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 coventure 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.

FIRST TIME APPLICANTS OR APPLICANTS WITH AN EXPIRED CERTIFICATION 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 ten percent.
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
 - Individual Federal Income Tax Returns must include all pages, including all schedules and W-2s
3. Business license
4. Disabled veteran resumes which communicate experience, education, knowledge, and qualifications (first time applicants)
5. Franchise, Trust Agreement and amendments, as applicable
6. DVBE equipment applications: refer to <http://www.dgs.ca.gov/pd/Programs/OSDS.aspx> for DVBE Equipment Ownership Requirements, when applicable.

ADDITIONALLY: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 Limited Liability Companies (LLC)

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

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

DVBE Partnerships

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 (Form LLP-1) as filed with the California Secretary of State.

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

DVBE Joint Venture Applicants

1. Each party 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.
4. Solicitation for the specific project.

ALL SB & DVBE APPLICANTS - Additional 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 months
- Residential utility bill (e.g., PG&E, Water, or Garbage Services) - last three months
- California franchise income tax returns
- Federal Form 4506-T requesting a transcript of a tax return as required by Government Code § 14840(b)

Business Ownership:

- All office space utility bills
- Audited or unaudited business income statement
- Business and/or personal bank signature cards
- Business and/or personal bank statements - last three 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 months
- Stock purchase agreement
- Stock transfer ledger and stock certificates
- Webpage records and revisions

Employee Count:

- Professional employer organization employee records

Established Business:

- Business plan
- List of suppliers and manufacturers
- California Board of Equalization seller's permit
- Agreements: manufacturer, lines of credit, stock purchase, sales representative, distributor

Licenses:

- California State issued professional licenses or certificates