

**DVBE EXEMPTION REQUEST**

STD 816 (Rev. 09/20)

**INSTRUCTIONS**

Use this form to request approval to exempt the Disabled Veteran Business Enterprise (DVBE) Program Requirements and/or DVBE Incentive. Submit one form per solicitation. Do not bundle multiple solicitations together. For additional information, see the State Contracting Manual.

**DEPARTMENT INFORMATION**

DEPARTMENT (includes Boards, Commissions, and Associations)

PROCUREMENT IDENTIFIER(S) (include requisition number and estimated amount of purchase if applicable)

CONTACT NAME

BUSINESS STREET ADDRESS

BUSINESS MAILING ADDRESS (if different from Street Address)

BUSINESS PHONE

BUSINESS EMAIL

**THE DEPARTMENT REQUESTS TO:**

- EXEMPT the DVBE Program Requirements and INCLUDE the DVBE Incentive. Please ensure that:
- The reason for exempting the DVBE Program Requirements is provided in the Exemption Justification section below.
  - The purchase indicates the DVBE Program Requirements have been exempted, but the DVBE incentive applies.
- EXEMPT the DVBE Incentive and INCLUDE the DVBE Program Requirements. Please ensure that:
- The reason for exempting the DVBE Incentive is provided in the Exemption Justification section below.
  - The purchase indicates the DVBE Incentive has been exempted, but the DVBE Program Requirements apply.
- EXEMPT the DVBE Program Requirements and the DVBE Incentive. Please ensure that:
- The reason for exempting the DVBE Program Requirements and the DVBE Incentive is provided in the Exemption Justification section below.

**EXEMPTION JUSTIFICATION**

Reason(s) for excluding the DVBE Program Requirements and/or DVBE Incentive for this purchase:

**SIGNATURE APPROVAL** (Department designee completing the Std. 816)

PRINTED NAME

TITLE

SIGNATURE (Please click here to sign with a Digital ID)

DATE

**SIGNATURE APPROVAL** (Highest ranking executive or designee only)

PRINTED NAME

TITLE

SIGNATURE (Please click here to sign with a Digital ID)

DATE