STATE OF CALIFORNIA – DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIV <b>DISABLED VETERAN BUSINESS ENTERPRISE DE</b> DGS PD 843 (Rev. 9/2019) Formerly STD. 843 <b>Instructions:</b> The disabled veteran (DV) owner(s) and DV mana (DVBE) must complete this declaration when a DVBE contractor or equipment [Military and Veterans Code Section 999.2]. Violati or fine and violators are liable for civil penalties. All signatures and	CLARATIONS ger(s) of the Disabled or subcontractor will pl ons are misdemeanors	rovide materials, s s and punishable	Enterprise supplies, services
SECTION 1			
Name of certified DVBE:	DVBE	Ref. Number:	
Description (materials/supplies/services/equipment proposed):			
Solicitation/Contract Number:	SCDRS Ref Numbe		
(FOR STATE USE ONLY)			
SECTION 2 APPLIES TO ALL DVBEs. Check only <u>one</u> box in Section 2 a		ianaturos	
<ul> <li>I (we) declare that the <u>DVBE is not a broker or agent</u>, as definaterials, supplies, services or equipment listed above. Als</li> <li>Pursuant to Military and Veterans Code Section 999.2 (f), I (<a href="mailto:principal(s) listed below or on an attached sheet(s)">principal(s) listed below or on an attached sheet(s)</a>. (Pursuate expended for equipment rented from equipment brokers purchased toward the 3-percent DVBE participation goal.)</li> </ul>	o, complete Section 3 we) declare that the <u>D\</u> ant to Military and Vete	below if renting every below if renting every every every every every every series of the series of	quipment. <u>r agent for the</u> (e), State funds
All DV owners and managers of the DVBE (attach additional pages w	vith sufficient signature bl	ocks for each persor	n to sign):
(Printed Name of DV Owner/Manager)	(Signature of DV Ow	ner/ Manager)	(Date Signed)
(Printed Name of DV Owner/Manager)	(Signature of DV Ow	ner/Manager)	(Date Signed)
Firm/Principal for whom the DVBE is acting as a broker or agent: (If more than one firm, list on extra sheets.)	(Print or Type Name)		
Firm/Principal Phone: Address:			
SECTION 3			
APPLIES TO ALL DVBES THAT RENT EQUIPMENT AND DEC	LARE THE DVBE IS I	NOT A BROKER.	
Pursuant to Military and Veterans Code Section 999.2 (c), (d ownership of the DVBE, or a DV manager(s) of the DVBE. T accordance with Military and Veterans Code Section 999 et.	The DVBE maintains co		
☐ The undersigned owner(s) <u>own(s) at least 51% of the quanti</u> for use in the contract identified above. I (we), the DV owner agency my (our) personal federal tax return(s) at time of cert Veterans Code 999.2, subsections (c) and (g). Failure by the personal federal tax return(s) to the administering agency as (c) and (g), will result in the DVBE being deemed an equipm	s of the equipment, ha ification and annually t disabled veteran equi defined in Military and	ve submitted to the hereafter as defining the priment owner (s) to	ne administering ned in <i>Military and</i> o <i>submit their</i>
Disabled Veteran Owner(s) of the DVBE (attach additional pages wit	h signature blocks for eac	h person to sign):	
(Printed Name)	(Signature)	(Signature) (Date Signed)	
(Address of Owner)	(Telephone)	(Tax Identification	Number of Owner)
Disabled Veteran Manager(s) of the DVBE (attach additional pages v	with sufficient signature bl	ocks for each persor	n to sign):
(Printed Name of DV Manager)	(Signature of DV Manager) (Date Signed)		
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