ATTACHMENT 3

## **DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS**

STD. 843 (Rev. 5/2006)

**Instructions:** The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of periury.

The and violators are hable for eith periamics. At	SECTION 1
Name of certified DVBE:	DVBE Ref. Number:
Description (materials/supplies/services/equipm	ent proposed):
Solicitation/Contract Number:	SCPRS Ref. Number:
Constant working of the constant of the consta	(FOR STATE USE ONLY)
	SECTION 2
APPLIES TO ALL DVBES. Check only <u>one</u> bo	ox in Section 2 and provide original signatures.
	r or agent, as defined in Military and Veterans Code Section 999.2 (b), of listed above. Also, complete Section 3 below if renting equipment.
principal(s) listed below or on an attached	ction 999.2 (f), I (we) declare that the <u>DVBE is a broker or agent for the sheet(s).</u> (Pursuant to Military and Veterans Code 999.2 (e), State funds oment brokers pursuant to contracts awarded under this section shall <u>not</u> be ipation goal.)
All DV owners and managers of the DVBE (attac	h additional pages with sufficient signature blocks for each person to sign):
(Printed Name of DV Owner/Manager)	(Signature of DV Owner/ Manager) (Date Signed)
(Printed Name of DV Owner/Manager)	(Signature of DV Owner/Manager) (Date Signed)
Firm/Principal for whom the DVBE is acting as a (If more than one firm, list on extra sheets.)	a broker or agent:  (Print or Type Name)
Firm/Principal Phone: Add	ress:
	SECTION 3
APPLIES TO ALL DVBES THAT RENT EQUIP	MENT <u>AND</u> DECLARE THE DVBE IS NOT A BROKER.
	ction 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% s) of the DVBE. The DVBE maintains certification requirements in e Section 999 et. seq.
for use in the contract identified above. I (wagency my (our) personal federal tax return Veterans Code 999.2, subsections (c) and	61% of the quantity and value of each piece of equipment that will be renterely, the DV owners of the equipment, have submitted to the administering (s) at time of certification and annually thereafter as defined in Military and (g). Failure by the disabled veteran equipment owner(s) to submit their stering agency as defined in Military and Veterans Code 999.2, subsections the emed an equipment broker.
Disabled Veteran Owner(s) of the DVBE (attach	additional pages with signature blocks for each person to sign):
(Printed Name)	(Signature) (Date Signed)
(Address of Owner)	(Telephone) (Tax Identification Number of Owner)
Disabled Veteran Manager(s) of the DVBE (attack	ch additional pages with sufficient signature blocks for each person to sign):
(Printed Name of DV Manager)	(Signature of DV Manager) (Date Signed)
(Rusiness Meeting Date)	Page of