ATTACHMENT 3

Page ____ of __

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

DGS PD 843 (Rev. 9/2019)

Formerly STD. 843

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 perjury.

SECTION 1		
Name of certified DVBE:	DVBE Ref. Number:	
Description (materials/supplies/services/equipment proposed):		
Solicitation/Contract Number:	SCPRS Ref. Number:	
	(FOR STATE	E USE ONLY)
SECTION 2		
APPLIES TO ALL DVBEs. Check only <u>one</u> box in Section 2 a	nd provide original signatures.	
I (we) declare that the <u>DVBE is not a broker or agent</u> , as defined materials, supplies, services or equipment listed above. Als		
Pursuant to Military and Veterans Code Section 999.2 (f), I (note principal(s) listed below or on an attached sheet(s). (Pursual expended for equipment rented from equipment brokers pur credited toward the 3-percent DVBE participation goal.)	ant to Military and Veterans Code 999	0.2 (e), State funds
All DV owners and managers of the DVBE (attach additional pages w	rith sufficient signature blocks for each per	son 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 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 <u>AND</u> DEC	LARE THE DVBE IS NOT A BROKE	R.
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.	he DVBE maintains certification requ	
The undersigned owner(s) own(s) at least 51% of the quantity for use in the contract identified above. I (we), the DV owners 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 equipment	s of the equipment, have submitted to ification and annually thereafter as de disabled veteran equipment owner(s defined in Military and Veterans Cod	the administering efined in <i>Military and</i> to submit their
Disabled Veteran Owner(s) of the DVBE (attach additional pages with	n signature blocks for each person to sign):	
(Printed Name)	(Signature)	(Date Signed)
(Address of Owner)	(Telephone) (Tax Identificati	on Number of Owner)
Disabled Veteran Manager(s) of the DVBE (attach additional pages w	vith sufficient signature blocks for each per	son to sign):
(Printed Name of DV Manager)	(Signature of DV Manager)	(Date Signed)

PRINT

CLEAR