## **ATTACHMENT 3**

STATE OF CALIFORNIA – DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION

## 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.

or line and violators are liable for civil penalties. All signatures a SECTION 1		
Name of certified DVBE:	DVBE Ref. Number:	
Description (materials/supplies/services/equipment proposed):		
Solicitation/Contract Number:	SCPRS Ref. Number:	
		E USE ONLY)
SECTION 2		
APPLIES TO ALL DVBEs. Check only <u>one</u> box in Section 2 a	ind provide original signatures.	
I (we) declare that the <u>DVBE is not a broker or agent</u> , as def materials, supplies, services or equipment listed above. Also		
Pursuant to Military and Veterans Code Section 999.2 (f), I ( principal(s) listed below or on an attached sheet(s). (Pursu expended for equipment rented from equipment brokers put credited toward the 3-percent DVBE participation goal.)	ant to Military and Veterans Code 999	9.2 (e), State funds
All DV owners and managers of the DVBE (attach additional pages of	with sufficient signature blocks for each pe	rson 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	8	
APPLIES TO ALL DVBES THAT RENT EQUIPMENT AND DEC	LARE THE DVBE IS NOT A BROKE	ER.
Pursuant to Military and Veterans Code Section 999.2 (c), (c) ownership of the DVBE, or a DV manager(s) of the DVBE. accordance with Military and Veterans Code Section 999 et.	The DVBE maintains certification requ	
☐ The undersigned owner(s) <u>own(s) at least 51% of the quantit</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, have submitted to tification and annually thereafter as de to disabled veteran equipment owner(s to defined in Military and Veterans Coo	o the administering efined in <i>Military and</i> s) to submit their
Disabled Veteran Owner(s) of the DVBE (attach additional pages with	th signature blocks for each person to sign)	Σ.
(Printed Name)	(Signature)	(Date Signed)
(Address of Owner)	(Telephone) (Tax Identifica	tion Number of Owner)
Disabled Veteran Manager(s) of the DVBE (attach additional pages	with sufficient signature blocks for each pe	rson to sign):
(Printed Name of DV Manager)	(Signature of DV Manager)	(Date Signed)
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