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.

Section 1		
Name of certified DVBE:	DVBE Ref. Number:	
Description (materials/supplies/services/equipment proposed):		
Solicitation/Contract Number:	SCPRS Ref. Number:	
	(FOR STATE USE ONLY)	
SECTION 2 APPLIES TO ALL DVBEs. Check only <u>one</u> box in Section 2 an	d provide original signatures	
AFFEIES TO ALL DVBES. Check only <u>one</u> box in Section 2 an	a provide original signatures.	
☐ I (we) declare that the <u>DVBE is not a broker or agent</u> , as define materials, supplies, services or equipment listed above. Also		
Pursuant to Military and Veterans Code Section 999.2 (f), I (w principal(s) listed below or on an attached sheet(s). (Pursual expended for equipment rented from equipment brokers purs credited toward the 3-percent DVBE participation goal.)	nt to Military and Veterans Code 99	9.2 (e), State funds
All DV owners and managers of the DVBE (attach additional pages w	ith sufficient signature blocks for each p	erson 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 AND DECI	ARE THE DVBE IS NOT A BROK	KER.
Pursuant to Military and Veterans Code Section 999.2 (c), (d) ownership of the DVBE, or a DV manager(s) of the DVBE. Th accordance with Military and Veterans Code Section 999 et. s	ne DVBE maintains certification rec	
The undersigned owner(s) <u>own(s) at least 51% of the quantity</u> for use in the contract identified above. I (we), the DV owners agency my (our) personal federal tax return(s) at time of certif <i>Veterans Code 999.2</i> , subsections (c) and (g). <i>Failure by the</i> <i>personal federal tax return(s) to the administering agency as</i> (c) and (g), will result in the DVBE being deemed an equipment	of the equipment, have submitted ication and annually thereafter as of disabled veteran equipment owner defined in Military and Veterans Co	to the administering defined in <i>Military an</i> (s) to submit their
Disabled Veteran Owner(s) of the DVBE (attach additional pages with	signature blocks for each person to sign	n):
(Printed Name)	(Signature)	(Date Signed)
(Address of Owner)	(Telephone) (Tax Identific	ation Number of Owner)
Disabled Veteran Manager(s) of the DVBE (attach additional pages w	ith sufficient signature blocks for each p	erson to sign):
(Printed Name of DV Manager)	(Signature of DV Manager)	(Date Signed)
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