STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION

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 perjury. SECTION 1			
N ((C D)/DE		(DE D (N)	
me of certified DVBE: DVBE Ref. Number:			
Description (materials/supplies/services/equ	ipment proposed):		
Solicitation/Contract Number: SCPRS Ref. Number:			
	SECTION 2	(FOR STATE USE O	NLY)
APPLIES TO ALL DVBEs. Check only one		al signatures.	
	oker or agent, as defined in Military and ent listed above. Also, complete Section		
principal(s) listed below or on an attach	Section 999.2 (f), I (we) declare that the ned sheet(s). (Pursuant to Military and Valuement brokers pursuant to contracts a participation goal.)	/eterans Code 999.2 (e), S	State funds
All DV owners and managers of the DVBE (a	attach additional pages with sufficient signatur	e blocks for each person to sig	gn):
(Printed Name of DV Owner/Manager)	(Signature of DV	Owner/ Manager) (Da	ate Signed)
(Printed Name of DV Owner/Manager)	(Signature of D\	/ Owner/Manager) (Da	ate Signed)
Firm/Principal for whom the DVBE is acting a (If more than one firm, list on extra sheets.)	as a broker or agent:	(Print or Type Name)	
Firm/Principal Phone:	Address:		
	SECTION 3		
APPLIES TO ALL DVBEs THAT RENT EQ	UIPMENT <u>AND</u> DECLARE THE DVBE	IS NOT A BROKER.	
	Section 999.2 (c), (d) and (g), I am (we ger(s) of the DVBE. The DVBE maintain Code Section 999 et. seq.		
for use in the contract identified above. agency my (our) personal federal tax re Veterans Code 999.2, subsections (c) a	turn(s) at time of certification and annua and (g). Failure by the disabled veteran e ministering agency as defined in Military	have submitted to the adr lly thereafter as defined in equipment owner(s) to sub	ministering <i>Military and</i> <i>mit their</i>
Disabled Veteran Owner(s) of the DVBE (atta	ach additional pages with signature blocks for	each person to sign):	
(Printed Name)	(Signat	ture) (D	ate Signed)
(Address of Owner)	(Telephone)	(Tax Identification Numb	er of Owner)
Disabled Veteran Manager(s) of the DVBE (a	attach additional pages with sufficient signatur	e blocks for each person to si	gn):
(Printed Name of DV Manager)	(Signature of	DV Manager) (D	ate Signed)

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