Certification Renewal

SERVICE-CONNECTED DISABILITY RENEWAL STATEMENT

(New 4/16/09)
Department of General Services, Procurement Division
Office of Small Business and DVBE Services (OSDS)
707 3rd Street, 1st Floor, Room 400, West Sacramento, CA 95605
(800) 559-5529 or (916) 375-4940
Supplier#

The "Service-Connected Disability Renewal Statement" (812B) may be used in place of an Award of Entitlement letter when the following criteria are met:

- ** Your firm must be currently certified with the Office of Small Business and DVBE Services (OSDS).
- A valid Award of Entitlement letter from the U.S. Department of Veteran Affairs or the U.S. Department of Defense must already be on file with the OSDS for each qualifying disabled veteran.
- Each qualifying disabled veteran's service-connected disability rating has not changed since their most recently submitted Award of Entitlement letter to the OSDS.

If your firm does not meet the above criteria, you must submit an Award of Entitlement letter for each qualifying disabled veteran. The entitlement letter must have the following specifications:

- ** The letter must be from the U.S. Department of Veteran Affairs or the U.S. Department of Defense.
- The letter must be dated within six (6) months of OSDS receiving your submitted DVBE certification renewal.
- The letter must certify or declare a "service-connected" disability rating of at least 10%.

To obtain an Award of Entitlement letter, you may call the U.S. Department of Veterans Affairs at (800) 827-1000.

Instructions : Your qualifying disabled veteran must complete and sign the statement below and return it to the OSDS with the rest of your DVBE certification renewal package. A separate statement must be completed by each of your firm's qualifying disabled veterans. (See above criteria.)	
·	certify under penalty of perjury under the laws of the ran's Full Name vice-connected disability rating is % Disability Rating submittal of my most recent Award of Entitlement letter to the OSDS.
Ple	ase Sign and Date below
Qualifying Disabled Veteran's Signature	Date
Applicant Firm's Name	Supplier #