



State of California  
Department of General Services

Procurement Division

Request for Small Business, Small Business for the Purpose of  
Public Works and/or Disabled Veteran Business Enterprise  
Certification (Application)

DGS PD 812 (Rev. 09/2019)

Formerly STD 812

Office of Small Business & DVBE Services (OSDS)

707 3rd Street, 1st Floor, Room 1-400, MS 210

West Sacramento, CA 95605

Cal eProcure Webpage ▪ (916) 375-4940 ▪ FAX (916) 375-4950 ▪

[OSDSHelp@dgs.ca.gov](mailto:OSDSHelp@dgs.ca.gov)

**ONLINE APPLICATIONS CAN HAVE A SHORTER PROCESSING TIME.**

**GO TO THE [CAL EPROCURE WEB PAGE](#)**

**SUBMISSION OF PAPER REQUESTS MAY SIGNIFICANTLY  
LENGTHEN PROCESSING TIMES.**

**FOR STATE USE ONLY**

CERTIFICATION ID:

BIDDER ID:

CERT. OFFICER:

DATE RECEIVED:

DATE PROCESSED:

**APPLICANT MUST BE AN ESTABLISHED BUSINESS BEFORE APPLYING. TYPE OR PRINT  
CLEARLY IN INK.**

<b>1. CERTIFICATION TYPE</b> (Check at least one below) <i>Renewal applications should only be submitted within 90 days prior to the firm's certification expiration date.</i>				
<input type="checkbox"/> <b>SMALL BUSINESS (SB)</b> <i>Owner/officer must sign Section N</i>	<input type="checkbox"/> <b>SMALL BUSINESS-PUBLIC WORKS (SB-PW)</b> <i>Owner/officer must sign Section N</i>	<input type="checkbox"/> <b>DISABLED VETERAN BUSINESS ENTERPRISE (DVBE)</b> <i>Disabled Veteran qualifier (DV) must sign Sections N and O</i>		
<b>A. REGISTRATION &amp; CONTACT INFORMATION (ALL APPLICANTS)</b>				
<b>2. LEGAL BUSINESS NAME</b>		<b>3. PRIMARY "DOING BUSINESS AS" (DBA) NAME, IF ANY</b>		
<b>4. SECONDARY "DOING BUSINESS AS" (DBA) NAME, IF ANY</b>				
<b>5. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)</b>		<b>6. OWNER'S SOCIAL SECURITY NUMBER (SSN)</b> (Only for sole proprietorships that do not use a FEIN)		
<b>7. OFFICE MAILING ADDRESS</b> (Required)(Street address or P.O. Box)	<b>CITY (Required)</b> Do not leave blank.	<b>STATE</b>	<b>ZIP CODE</b> (Required)	<b>COUNTY</b> (Required)
<b>8. PHYSICAL ADDRESS OF PRINCIPAL OFFICE</b> (Required)(Do not use P.O. Box.) Do not leave blank.	<b>CITY (Required)</b> Do not leave blank.	<b>STATE</b>	<b>ZIP CODE</b> (Required)	<b>COUNTY</b> (Required)

Adopt

<b>9. BUSINESS PHONE NUMBER</b>	<b>10. BUSINESS FAX NUMBER</b>	<b>11. BUSINESS MOBILE NUMBER</b>	<b>12. BUSINESS WEB ADDRESS</b>	
<b>13. CONTACT PERSON'S FIRST AND LAST NAME</b>		<b>14. CONTACT PERSON'S EMAIL ADDRESS</b>	<b>15. CONTACT PERSON'S PHONE NUMBER</b>	
<b>16. LOGIN USER ID FOR ONLINE ACCESS (MAXIMUM 30 CHARACTERS. IF A USER ID IS NOT PROVIDED, THE EMAIL ADDRESS FROM SECTION 14 WILL BE USED.)</b> Do not leave blank.				
<b>17. I APPROVE THE SHARING OF MY CERTIFICATION INFORMATION WITH OTHER GOVERNMENT AND LOCAL AGENCIES FOR THE PURPOSE OF PARTICIPATING IN THEIR BUSINESS CERTIFICATION PROGRAMS.</b>			YES	NO
<b>18a. SB AND/OR SB-PW ONLY: IS THE APPLICANT FIRM MILITARY VETERAN OWNED?</b>			YES	NO
<b>18b. SB AND/OR SB-PW ONLY: ANSWER ONLY IF 18 IS 'YES'. IS THE MILITARY VETERAN OWNERSHIP AT LEAST 51%?</b>			YES	NO
<b>19a. TO REQUEST EXPEDITED PROCESSING, ENTER THE BID DUE DATE AND BID NUMBER FOR A BID THAT REQUIRES THIS CERTIFICATION. ATTACH THE BID SOLICITATION PAGE THAT LISTS THE BID DUE DATE (BDD).</b>		<b>19b. BID DUE DATE</b>	<b>19c. CONTRACT OR BID NUMBER</b>	

<b>B. INDUSTRY TYPE (ALL APPLICANTS)</b>				
<b>20. DOES THIS FIRM PROVIDE SERVICES?</b>			YES	NO
<b>21a. DOES THIS FIRM HOLD A CONSTRUCTION CONTRACTOR'S LICENSE WITH THE CONTRACTORS STATE LICENSE BOARD (CSLB)?</b>			YES	NO
<b>21b. IF 21a. IS YES, PROVIDE THE:</b> <b>21b. CONTRACTOR'S LICENSE NUMBER      21c. LICENSE CLASSIFICATION(S)</b>				
<b>22a. DOES THIS FIRM SELL PRODUCTS AS A RESELLER, DISTRIBUTOR, WHOLESALER, RETAILER, ETC.?</b>			YES	NO
<b>22b. IF THIS FIRM SELLS PRODUCTS, PROVIDE THE DEPARTMENT OF TAX AND FEE ADMINISTRATION SELLERS PERMIT NUMBER:</b>				
<b>23. DOES MORE THAN 50% OF THIS FIRM'S ANNUAL GROSS RECEIPTS RESULT FROM THE SALE OF PRODUCTS IT MANUFACTURES?</b>			YES	NO
<b>24. DOES THIS FIRM USE ITS OWN FACILITIES TO MANUFACTURE ITS PRODUCTS?</b>			YES	NO

Adopt

25. DOES THIS FIRM TRANSFORM ORIGINAL SUBSTANCES OR MATERIALS INTO A PRODUCT WITH NEW CHARACTERISTICS?	YES	NO
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### C. BUSINESS INFORMATION (ALL APPLICANTS)

#### 26a. BUSINESS STRUCTURE TYPE *(Check one)*

SOLE PROPRIETORSHIP

PARTNERSHIP

LIMITED LIABILITY  
PARTNERSHIP (LLP)LIMITED LIABILITY  
COMPANY (LLC)

CORPORATION

JOINT VENTURE

#### 26b. CORPORATIONS & LLCs MUST PROVIDE THEIR CALIFORNIA SECRETARY OF STATE NUMBER:

27. DATE BUSINESS STARTED	28. MONTH TAX YEAR BEGINS
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#### 29a. If this firm's business structure type changed within the most recent three tax years, enter the previous type and the date the change occurred below:

29b. PREVIOUS BUSINESS STRUCTURE TYPE	29c. DATE OF BUSINESS STRUCTURE TYPE CHANGE
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30. IS THIS FIRM A FRANCHISE?	YES	NO
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### D. AFFILIATE BUSINESS RELATIONSHIPS (SMALL BUSINESS AND/OR SMALL BUSINESS-PUBLIC WORKS APPLICANTS ONLY)

#### 31a. Answer the eight questions below:

The applicant business, including its owners/officers, or partners, or LLC managers and/or members, must disclose affiliate business relationship information regardless of the affiliate's industry. The following questions will help determine if an affiliate business relationship currently exists or existed within the previous three tax years. You must answer **Yes or No**, do not indicate N/A.

For more information on affiliation, click one of the following links:

[Affiliate FAQs](#) (MS Word document)

[Affiliate FAQs](#) (PDF document)

<i>DURING ANY ONE (OR ALL) OF THE PREVIOUS THREE TAX YEARS, DID THE APPLICANT FIRM AND/OR ITS INDIVIDUAL OWNERS/OFFICERS/PARTNERS/LLC MANAGERS AND/OR MEMBERS DO ANY OF THE FOLLOWING:</i>		
1. HAVE A CONTROLLING OWNERSHIP INTEREST IN ANOTHER BUSINESS, INCLUDING SOLE PROPRIETORSHIPS AND/OR THE PURCHASE OF A BUSINESS?	YES	NO
2. HAVE ANY OWNERSHIP INTEREST IN ANOTHER BUSINESS, INCLUDING THE PURCHASE OF A BUSINESS?	YES	NO
3. HAVE A ROLE IN MAKING BUSINESS DECISIONS AND MANAGING DAY-TO-DAY OPERATIONS OF ANOTHER BUSINESS?	YES	NO

Adopt

4. HAVE A FAMILY MEMBER WHO OWNS A SIMILAR TYPE OF BUSINESS?	YES	NO
5. HAVE A FINANCIAL RELATIONSHIP WITH AN INDIVIDUAL OR ANOTHER BUSINESS, SUCH AS ASSISTING WITH LOANS, BONDING, SECURITY, OR CREDIT? (Exclude relationships with public financial institutions.)	YES	NO
6. HAVE A CONTRACTUAL RELATIONSHIP WITH ANOTHER BUSINESS, SUCH AS ASSIGNMENTS OR TITLE TRANSFERS?	YES	NO
7. SHARE FACILITIES, EQUIPMENT OR SYSTEMS WITH ANOTHER BUSINESS?	YES	NO
8. SHARE EMPLOYEES WITH ANOTHER BUSINESS?	YES	NO

**31b. If you answered YES to any of the questions in Section 31a, complete the section below.**

**Only list an affiliate business once. Attach additional paper if necessary.**

If a business was affiliated during the previous three tax years, and is no longer affiliated, disclose the affiliate business and the affiliate business **end date** in the section below.

Affiliate Business Information		Individual associated with applicant & affiliate	Affiliate Owner ship %	Affiliate Business Start date End date		Affiliate Avg.# of Employees during last 4 qtrs. (if applicable)
1	Business Name					
	Business Address					
2	Business Name					
	Business Address					

Adopt

**E. DV EQUIPMENT OWNERSHIP (DVBE APPLICANTS ONLY)****Answer the following questions that apply to equipment rental:**

<b>32a. DOES THIS FIRM RENT EQUIPMENT TO THE STATE?</b>	YES <input type="radio"/>	NO <input type="radio"/>
<b>32b. IF 32a IS NO, SKIP THIS QUESTION. IF 32a IS YES, DOES THE DV OWN 51% OF THE QUANTITY AND VALUE OF EACH PIECE OF EQUIPMENT THAT WILL BE PROVIDED FOR RENTAL UNDER A CONTRACT?</b>	YES <input type="radio"/>	NO <input type="radio"/>

**F. DVBE MANAGERIAL CONTROL (DVBE APPLICANTS ONLY)****Answer the following questions:**

<b>33. IS THE DV OWNER AND/OR DV MANAGER RESPONSIBLE FOR THE NEGOTIATIONS, EXECUTION, AND SIGNATURE OF CONTRACTS?</b>	YES <input type="radio"/>	NO <input type="radio"/>
<b>34. IS THE DV OWNER AND/OR DV MANAGER RESPONSIBLE FOR THE EXECUTION (SIGNING) OF FINANCIAL TRANSACTIONS AND AGREEMENTS (CREDIT, BANKING, BONDING, ETC.)?</b>	YES <input type="radio"/>	NO <input type="radio"/>

**G. DVBE OPERATIONAL CONTROL (DVBE APPLICANTS ONLY)****Answer the following questions:**

<b>35. ARE THERE ANY FORMAL OR INFORMAL RESTRICTIONS LIMITING THE VOTING POWER OR CONTROL OF THE DV OWNER AND/OR MANAGER?</b>	YES <input type="radio"/>	NO <input type="radio"/>
<b>36. ARE THERE ANY THIRD PARTY AGREEMENTS RESTRICTING DV OWNER AND/OR DV MANAGER CONTROL?</b>	YES <input type="radio"/>	NO <input type="radio"/>
<b>37. DOES THE DV OWNER AND/OR DV MANAGER POSSESS THE REQUISITE EXPERIENCE, EDUCATION, KNOWLEDGE, AND QUALIFICATIONS IN THE FIRM'S FIELD OF OPERATIONS?</b>	YES <input type="radio"/>	NO <input type="radio"/>
<b>38. ARE THE SALARY/PROFITS OF THE DV OWNER AND/OR DV MANAGER (PROPORTIONATE) WITH THEIR OWNERSHIP INTEREST?</b>	YES <input type="radio"/>	NO <input type="radio"/>
<b>39. DOES THE DV OWNER AND/OR DV MANAGER HAVE DIRECT RESPONSIBILITY FOR SUBORDINATES, IF ANY?</b>	YES <input type="radio"/>	NO <input type="radio"/>
<b>40. DOES THE DV OWNER AND/OR DV MANAGER HAVE DIRECT RESPONSIBILITY FOR SUBCONTRACTORS, IF ANY?</b>	YES <input type="radio"/>	NO <input type="radio"/>
<b>41. DOES THE DV OWNER AND/OR DV MANAGER HAVE DIRECT RESPONSIBILITY FOR THE APPLICANT FIRM'S EQUIPMENT, IF ANY?</b>	YES <input type="radio"/>	NO <input type="radio"/>
<b>42. DOES THE DV OWNER AND/OR DV MANAGER HAVE DIRECT RESPONSIBILITY FOR THE APPLICANT FIRM'S MATERIALS, IF ANY?</b>	YES <input type="radio"/>	NO <input type="radio"/>
<b>43. DOES THE DV OWNER AND/OR DV MANAGER HAVE DIRECT RESPONSIBILITY FOR THE APPLICANT FIRM'S FACILITIES (OFFICE/YARD)?</b>	YES <input type="radio"/>	NO <input type="radio"/>
<b>44. IS THE DV OWNER AND/OR DV MANAGER ENGAGED OR EMPLOYED WITH ANOTHER BUSINESS?</b>	YES <input type="radio"/>	NO <input type="radio"/>

**H. DVBE CORPORATIONS (DVBE APPLICANTS ONLY)**

Answer the following questions **ONLY IF THIS FIRM IS A CORPORATION:**

45. DOES THE DV OWNER AND/OR DV MANAGER HAVE THE ABILITY TO CONTROL THE BOARD OF DIRECTORS?	YES	NO
46. IS THE DV OWNER ENTITLED TO 100% OF THE VALUE OF EACH SHARE OF STOCK THEY HOLD?	YES	NO
47. DOES THE DV OWNER AND/OR DV MANAGER HOLD THE HIGHEST OFFICER POSITION AND HAVE CONTROL OVER ALL OTHER POSITIONS IN THE FIRM?	YES	NO

**I. APPLICANT'S OWNERSHIP (ALL APPLICANTS)**

48. When the applicant business is owned by individual(s), enter the names and complete HOME ADDRESSES of all owners, shareholders, and/or officers in the applicant business. When the applicant business is owned by another business, enter the parent company's headquarters address in the home address box.

**CORPORATIONS:** Identify ALL corporate officers, even if they do not have ownership in the business. Corporate Bylaws may be used to provide this information.

- President/CEO, Vice President, Secretary, and Treasurer/CFO must be identified. If an individual holds multiple titles, list all titles held. Enter percentage only once.
- If there is no Vice President, write No VP in the title box.

**LIMITED LIABILITY COMPANIES (LLCs):** Enter the LLC members, managers and/or officers.

- DVBE LLCs must be 100% owned by one or more disabled veterans.

**DV:** Check the Disabled Veteran Qualifier box to identify each qualifying disabled veteran.

**OWNER TYPE:** Enter the applicable owner type (Individual (first & last name), Business, Trust, Holding Co., Parent Co., or ESOP) for each owner, shareholder, and/or officer.

**OWNERSHIP PERCENTAGE:** If one person/entity has multiple titles, enter their ownership percentage under one of the titles. Must total 100%.

OWNER/OFFICER/ PARTNER/MEMBER/ MANAGER NAME	TITLE <i>(List all titles – see instructions above)</i>	OWNERSHIP PERCENTAGE <i>(Refer to ownership percentage above)</i>	HOME ADDRESS (INCLUDE CITY, STATE, ZIP CODE) <i>(Do not enter P.O. Box)</i>	DISABLED VETERAN QUALIFIER <i>(refer to DVBE above)</i>	OWNER TYPE <i>(Refer to owner type above)</i>

**ATTACH ADDITIONAL PAPER IF NECESSARY**

49. Enter the <b>average number of employees for the last four quarters</b> . Include all employees, whether in California or outside of the state/country. If business is less than a year old, enter the average number of employees for that time frame.	# OF EMPLOYEES
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### K. GROSS ANNUAL RECEIPTS

Use this table to locate the gross receipts on the Federal Income Tax Return. Enter the figures below.

#### GROSS ANNUAL RECEIPTS TABLE SOURCE INFORMATION

IF THE FIRM'S OWNERSHIP TYPE IS:	FIND THE GROSS RECEIPTS LESS RETURNS & ALLOWANCES:
Sole Proprietorship	Form 1040, Schedule C, Section A – Line 3
C-Corporation or S-Corporation (all business types except rental or leasing)	Form 1120 or 1120S – Line 1c
Partnership or S-Corporation (rental or leasing business)	Form 8825 – total of Line 3 combined
Partnership or Limited Liability Partnership (LLP) (all business types except rental or leasing)	Form 1065 – Line 1c
Limited Liability Company – Single Member	Form 1040, Schedule C – Line 3 <b>or</b> Form 1120 – Line 1c
Limited Liability Company – Multiple members	Form 1065 or Form 1120 or 1120S – Line 1c

**50. APPLICANT FIRM** – Enter Gross Receipts for the three most recently completed tax years (or the number of years in business, if less than three): **ATTACH ADDITIONAL PAPER IF NECESSARY**

TAX YEAR	FROM TAX YEAR START DATE (MM/DD/YY)	TO TAX YEAR END DATE (MM/DD/YY)	GROSS ANNUAL RECEIPTS LESS RETURNS AND ALLOWANCES
1.			\$
2.			\$
3.			\$

**51. AFFILIATE FIRM #1**, if any (from Section D, Item 2931b) – Enter Gross Receipts for the three most recently completed tax years (or the number of years in business, if less than three):

TAX YEAR	FROM TAX YEAR START DATE (MM/DD/YY)	TO TAX YEAR END DATE (MM/DD/YY)	GROSS ANNUAL RECEIPTS LESS RETURNS AND ALLOWANCES
1.			\$
2.			\$
3.			\$

Adopt

**AFFILIATE FIRM #2**, if any (from Section D, Item 31b) – Enter Gross Receipts for the three most recently completed tax years (or the number of years in business, if less than three):

TAX YEAR	FROM TAX YEAR START DATE (MM/DD/YY)	TO TAX YEAR END DATE (MM/DD/YY)	GROSS ANNUAL RECEIPTS LESS RETURNS AND ALLOWANCES
1.			\$
2.			\$
3.			\$

**L. BUSINESS CLASSIFICATION CODES AND KEYWORDS (ALL APPLICANTS)**

**52. UNSPSC** – Enter up to six United Nations Standard Products and Services Classification codes. Search for codes at [UNSPSC Home Page](#). **ADD ADDITIONAL PAPER IF NECESSARY**

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**53. NAICS – MANUFACTURER INDUSTRY TYPE ONLY** – If this firm responded YES to all of the Manufacturer questions (Section B, Items 23 – 25), enter up to six North American Industry Classification System (NAICS) codes. Use codes in sectors 31 through 33 because codes outside this range cannot be entered. Search for codes at [NAICS Home Page](#).

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**54. KEYWORDS** – Enter words (not phrases) that best describe the applicant’s product and/or service for searching the online certification database. Do not enter acronyms. (Example: Janitorial, Supplies, Cleaning, etc.)

**M. SERVICE AREAS (ALL APPLICANTS)**

**55. Check appropriate boxes to indicate where this firm can provide goods or services. Check STATEWIDE for all counties.**

<input type="checkbox"/> STATEWIDE	<input type="checkbox"/> INYO	<input type="checkbox"/> NEVADA	<input type="checkbox"/> SANTA CRUZ
	<input type="checkbox"/> KERN	<input type="checkbox"/> ORANGE	<input type="checkbox"/> SHASTA
<input type="checkbox"/> ALAMEDA	<input type="checkbox"/> KINGS	<input type="checkbox"/> PLACER	<input type="checkbox"/> SIERRA
<input type="checkbox"/> ALPINE	<input type="checkbox"/> LAKE	<input type="checkbox"/> PLUMAS	<input type="checkbox"/> SISKIYOU
<input type="checkbox"/> AMADOR	<input type="checkbox"/> LASSEN	<input type="checkbox"/> RIVERSIDE	<input type="checkbox"/> SOLANO
<input type="checkbox"/> BUTTE	<input type="checkbox"/> LOS ANGELES	<input type="checkbox"/> SACRAMENTO	<input type="checkbox"/> SONOMA
<input type="checkbox"/> CALAVERAS	<input type="checkbox"/> MADERA	<input type="checkbox"/> SAN BENITO	<input type="checkbox"/> STANISLAUS
<input type="checkbox"/> COLUSA	<input type="checkbox"/> MARIN	<input type="checkbox"/> SAN BERNARDINO	<input type="checkbox"/> SUTTER
<input type="checkbox"/> CONTRA COSTA	<input type="checkbox"/> MARIPOSA	<input type="checkbox"/> SAN DIEGO	<input type="checkbox"/> TEHAMA
<input type="checkbox"/> DEL NORTE	<input type="checkbox"/> MENDOCINO	<input type="checkbox"/> SAN FRANCISCO	<input type="checkbox"/> TRINITY
<input type="checkbox"/> EL DORADO	<input type="checkbox"/> MERCED	<input type="checkbox"/> SAN JOAQUIN	<input type="checkbox"/> TULARE
<input type="checkbox"/> FRESNO	<input type="checkbox"/> MODOC	<input type="checkbox"/> SAN LUIS OBISPO	<input type="checkbox"/> TUOLUMNE
<input type="checkbox"/> GLENN	<input type="checkbox"/> MONO	<input type="checkbox"/> SAN MATEO	<input type="checkbox"/> VENTURA
<input type="checkbox"/> HUMBOLDT	<input type="checkbox"/> MONTEREY	<input type="checkbox"/> SANTA BARBARA	<input type="checkbox"/> YOLO
<input type="checkbox"/> IMPERIAL	<input type="checkbox"/> NAPA	<input type="checkbox"/> SANTA CLARA	<input type="checkbox"/> YUBA



**N. REQUIRED SIGNATURE (ALL APPLICANTS)**

**PENALTY OF PERJURY**

Any person that willfully and knowingly provides false information is subject to serious penalties. The submittal of this online application must be authorized by the applicant firm's owner (or officer, in the case of a corporation and member or manager in the case of a Limited Liability Company) or their designated user and hereby certifies that he/she has read and understands that the applicant meets the applicable Small Business, Small Business for the Purpose of Public Works and/or Disabled Veteran Business Enterprise certification requirements under Government Code Section 14837 et seq., Military and Veterans Code Section 999 et seq., and California Code of Regulations, Title 2, Section 1896 et seq., and that the foregoing statement and all information submitted herein are truthful and accurate. *I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

**VERIFICATION OR RE-VERIFICATION OF STATUS**

All applicants are subject to verification or re-verification of status at any time. Failure by a business to provide requested information that supports its eligibility, by the date and time specified by the Office of Small Business and Disabled Veterans Business Enterprise Services, shall be grounds for certification denial or discontinuance. Sanctions may be imposed for certification program abuse. (See Title 2, California Code of Regulations, Sections 1896.14, 1896.18, 1896.82, 1896.84, 1896.90, 1896.91 and 1896.92. See also Government Code Sections 14842 and 14842.5; Military and Veterans Code Section 999.9 and Public Contract Code Section 10115 et seq., available at [California Legislative Information home page](#).)

Pursuant to the Federal Privacy Act (P.L. 93-579) of 1974 and the California Information Practices Act (IPA) of 1977 (California Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this application. The requested personal information is mandatory. The principal purpose of this mandatory information is to determine eligibility for Small Business, Small Business for the Purpose of Public Works and/or DVBE Certification. Failure to provide all or any part of the requested information may delay processing of this application. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right, upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to the appropriate IPA Officer in the Department of General Services, Office of Small Business and DVBE Services

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct (ALL APPLICANTS)**

OWNER/OFFICER/PARTNER/LLC MANAGER OR MEMBER

- *Owner/officer/partner/LLC manager or member must sign on the line below*
- *The Disabled Veteran (DV) qualifier must also sign in the box below*

SIGNATURE

PRINTED NAME

TITLE

DATE

**O. DVBE DISABILITY RATING (DVBE RECERTIFICATION APPLICANTS ONLY)**

I am the qualifying disabled veteran and certify that my disability rating is 10% or more.

SIGNATURE

PRINTED NAME

TITLE

DATE

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Adopt

**SUPPORT DOCUMENTS BY CERTIFICATION TYPE  
SMALL BUSINESS (SB) AND/OR SMALL BUSINESS-PUBLIC WORKS (SB-PW)  
CERTIFICATION SUPPORT DOCUMENT REQUIREMENTS**

**1. Expedited Processing:**

- Applicants that require this certification for a bid must provide a copy of the bid solicitation page identifying the state agency (or reciprocity partner), contract name, and Bid Due Date (BDD). **Note:** A written expedite request and a completed application package must be submitted a minimum of five working days prior to the bid due date.

**2. First Time Applicants must provide:**

- Internal Revenue Service (IRS) documentation verifying the firm's Federal Employer Identification Number (FEIN) or Social Security Number (SSN)

**3. All SB AND/OR SB-PW Applicants must provide:**

- **Gross Annual Receipts:** Federal Income Tax Returns for the applicant business
- (and each affiliate listed in Section D, if any) for the previous three tax years (or for the number of years in business, if less than three)
- Include all pages, forms, schedules, and statements for each tax return.
- Exceptions:
  - New businesses without applicable business tax returns must enter the Date Business Started in Section C, and will be required to provide tax returns when requested.
  - If the most recent tax return has not been prepared, complete and submit the [Affidavit of Income form](#), which ~~has been incorporated by reference~~ is attached. Include the IRS extension, if applicable. Follow the instructions on the form.

**4. If Applicable, provide:**

- **Employee Count:** Quarterly Contribution Return & Report of Wages – Continuation (Form DE 9C) for the applicant business (and each affiliate listed in Section D, if any) for the four most recently completed quarters (or for the number of quarters in business, if less than four). Provide copies of out-of-state and/or out-of country documents equivalent to Form DE 9C, if applicable.
- Trust agreement and amendments, if ownership is held by a trust
- Franchise agreement and amendments, if any
- **SB AND/OR SB-PW Corporations:**
  - Corporate meeting minutes listing current elected corporate officers and directors or Statement of Information as filed with California Secretary of State
- **SB AND/OR SB-PW Limited Liability Companies (LLCs):**
  - Articles of Organization
  - Operating Agreement and amendments
  - LLC Statement of Information, as filed with the California Secretary of State
- **SB AND/OR SB-PW Joint Ventures (JVs):**
  - Each joint venture partner must be certified as a Small Business (SB)
  - Provide the Joint Venture agreement.

## DVBE CERTIFICATION SUPPORT DOCUMENT REQUIREMENTS

### 1. Expedited Processing:

- Applicants that require this certification for a bid must provide a copy of the bid solicitation page identifying the state agency (or reciprocity partner), contract name, and Bid Due Date (BDD).

### 2. First Time Applicants must provide:

- Internal Revenue Service (IRS) documentation verifying the firm's Federal Employer Identification Number (FEIN) or Social Security Number (SSN)
- For each disabled veteran owner and/or manager, an Award of Entitlement letter, eBenefits Service/Benefit Verification letter, or Retired/Retainer letter from the U.S. Department of Veterans Affairs (1-800-827-1000) or Department of Defense (1-800-321-1080) or go to the [Department of Veterans Affairs eBenefits webpage](#)
- The letter must be dated within one year of the OSDS receiving your DVBE Certification Application.
- The letter must certify or declare a service-connected disability rating of at least 10 percent

### 3. All DVBE Applicants must provide:

- Federal Income Tax Returns for the applicant business for the three most recently completed tax years (or for the number of years in business, if less than three)
- Include all pages, forms, schedules, and statements for each tax return  
Exceptions:
  - New businesses without applicable business tax returns must enter the Date Business Started in Section C, and provide all pages of the qualifying disabled veteran owner's most recent Individual Federal Tax Returns.
  - If the most recent tax return has not been prepared, complete and submit the Affidavit of Income form, which ~~has been incorporated by reference~~ is attached. Include the IRS extension, if applicable. Follow the instructions on the form.
- **Partnerships:** In addition to the business' Federal Income Tax Returns, provide Individual Federal Income Tax Returns for each of the partners for the three most recently completed tax years.
- **Equipment rentals:** Provide Individual Federal Income Tax Returns for each disabled veteran who owns equipment for the three most recently completed tax years.
  - Disabled Veteran resume that communicates experience, education, knowledge, and qualifications.
  - Business license from your city or county
  - Seller's permit, if any

**4. If Applicable, provide:**

- Trust agreement and amendments, if ownership is held by a trust
- Franchise agreement and amendments, if any
  
- **DVBE Corporations:**
  - Corporate Articles of Incorporation
  - Corporate bylaws and any amendments
  - Corporate meeting minutes listing current elected corporate officers and directors or Statement of Information as filed with California Secretary of State
  - Stock Transfer Ledger and Stock Certificates for new applicants or changes in ownership
  
- **DVBE Partnerships:**
  - Partnership Agreement and amendments  
*NOTE: Individual Federal Income Tax Returns are required for each partner.*
  
- **DVBE Limited Liability Partnerships (LLPs):**
  - Partnership Agreement and amendments
  - Limited Liability Partnership Registration as filed with the California Secretary of State  
*NOTE: Individual Federal Income Tax Returns are required for each partner.*
  
- **DVBE Limited Liability Companies (LLCs):**
  - Articles of Organization
  - Operating Agreement and amendments
  - LLC Statement of Information, as filed with the California Secretary of State  
*NOTE: LLC must be wholly owned by qualifying disabled veteran(s).*
  
- **DVBE Joint Ventures (JVs):**
  - At least one co-venturer must be certified as a DVBE.
  - Provide the Joint Venture agreement.

Adopt

**ADDITIONAL SUPPORT DOCUMENTS THAT MAY BE REQUESTED BY OSDS****Do not send these documents unless requested by OSDS:****Domicile:**

- Voter registration record issued by the County Registrar's Office
- California driver's license
- Residential lease agreement and cancelled checks – last three months
- Residential utility bill (e.g., Gas/Electric, Water, or Garbage Services) – last three months
- State income tax returns
- IRS Form 4506-T requesting a transcript of a tax return, upon just cause [Government Code § 14840(b)]

**Business Ownership:**

- Partnership agreement
- Office space utility bills
- Audited or unaudited business financial statements
- Business and/or personal bank signature cards
- Business and/or personal bank statements – last three months
- Business purchase agreement
- County-issued fictitious business name statement
- Cancelled checks for capital contributions
- Dissolution of corporation
- Individual federal income tax returns unless the applicant firm is filed as a disregarded entity
- Office space lease agreement and cancelled checks – last three months
- Stock purchase agreement
- Stock transfer ledger and stock certificates
- Webpage records and revisions

**Employee Count:**

- Professional employer organization employee records

**Established Business:**

- List of suppliers and manufacturers
- Department of Tax and Fee Administration seller's permit
- Agreements: manufacturer, lines of credit, stock purchase, sales representative, distributor
- State-issued professional licenses, permits, or certificates

Adopt

The Affidavit of Income serves as a **temporary** proof of annual receipts submittal when the Federal Income Tax Return for the **most recently completed tax year** has not yet been filed.

**INSTRUCTIONS:**

**Small Business** applicants must submit **all** of the following to the OSDS:

- The completed sections A, B, and D of the Affidavit of Income.
- Attach a copy of the valid IRS tax filing extension(s), if applicable.
- A copy of Business Income/Financial Statements for the applicant and any applicable affiliate firms if the combined Gross Annual Receipts average more than 12.5 million in the previous three tax years.

**DVBE** applicants must submit to the OSDS:

- The completed sections A, C, and D of the Affidavit of Income
- Attach a copy of the valid IRS tax filing extension(s), if applicable.

**ALL FIRMS:**

Must replace their submitted Affidavit of Income with a hardcopy of the Federal Income Tax Return for the applicant (and each affiliate if applying for small business certification) within the following timeframes (*which ever occurs first*):

- Within 90 days of certification, or
- Within two weeks of a tax filing extension’s expiration (when a tax filing extension has been granted), or
- When the tax return is filed with the Internal Revenue Service (IRS)

**IMPORTANT!** Failure to provide the Federal Income Tax Return(s) may result in the discontinuance of the applicant’s Small Business and/or Disabled Veteran Business Enterprise (DVBE) status.

<b>A. BUSINESS NAME (ALL APPLICANTS)</b>	
APPLICANT’S NAME	CERTIFICATION ID

**B. SMALL BUSINESS APPLICANTS (ATTACH ADDITIONAL PAPER, IF NECESSARY)**  
 FOR THE APPLICANT AND EACH AFFILIATE (IF ANY), ENTER THE GROSS ANNUAL RECEIPTS (LESS RETURNS AND ALLOWANCES) THAT IS EXPECTED TO BE REPORTED ON THE BUSINESS’ FEDERAL INCOME TAX RETURN FOR THE MOST RECENTLY COMPLETED TAX YEAR.

	BUSINESS NAME	FROM TAX YEAR START (MM/DD/YY)	TO TAX YEAR END (MM/DD/YY)	GROSS ANNUAL RECEIPTS LESS RETURNS AND ALLOWANCES
1	APPLICANT			\$
2	AFFILIATE 1			\$
3	AFFILIATE 2			\$

**C. DVBE APPLICANTS**

AS THE APPLICANT'S QUALIFYING DISABLED VETERAN, I ATTEST THAT THE OWNERSHIP INFORMATION TO BE REPORTED ON MY BUSINESS' INCOME TAX RETURN(S) FOR THE MOST RECENTLY COMPLETED TAX YEAR WILL CONFIRM THAT THERE HAS BEEN NO CHANGE IN PERCENTAGE OF DISTRIBUTION OF PROFITS OR LOSSES AS DECLARED IN MY MOST RECENT CERTIFICATION APPLICATION ON FILE WITH THE OFFICE OF SMALL BUSINESS AND DVBE SERVICES.

QUALIFYING DISABLED VETERAN'S SIGNATURE	QUALIFYING DISABLED VETERAN'S PRINTED NAME	DATE
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**D. REQUIRED SIGNATURE (ALL APPLICANTS)**

ANY PERSON THAT WILLFULLY PROVIDES FALSE INFORMATION IS SUBJECT TO SERIOUS PENALTIES. THE SIGNATORY OF THIS DOCUMENT MUST BE THE APPLICANT FIRM'S OWNER (OR OFFICER, IN THE CASE OF A CORPORATION) AND HEREBY CERTIFIES THAT HE/SHE HAS READ AND UNDERSTANDS THAT THE APPLICANT MEETS THE APPLICABLE SMALL BUSINESS AND/OR DVBE CERTIFICATION REQUIREMENTS UNDER GOVERNMENT CODE SECTION 14835 ET SEQ., AND/OR MILITARY AND VETERANS CODE SECTION 999 ET SEQ., AND CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTION 1896 ET SEQ., AND THAT THE FOREGOING STATEMENT AND ALL INFORMATION HEREIN IS TRUTHFUL AND ACCURATE. *I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.*

OWNER'S OR CORPORATE OFFICER'S SIGNATURE	OWNER'S OR CORPORATE OFFICER'S PRINTED NAME	DATE
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Adopt



**FREQUENTLY ASKED QUESTIONS (FAQs)**  
**AFFILIATE BUSINESS RELATIONSHIPS**  
**Small Business and Small Business for the purpose of Public Works**

**1. What is the purpose of disclosing affiliate business relationships?**

According to the California Code of Regulations, affiliate business relationships are considered when determining whether an applicant firm qualifies for Small Business (SB) and/or Small Business for the Purpose of Public Works (SB-PW).

**2. What is affiliation?**

Affiliation refers to a relationship of direct or indirect control or shared interests, as determined in section 1896.12, subdivision (d)(6), between the applicant or a small business and another business.

**3. What factors are considered in determining affiliation?**

Affiliation shall be based on factors including, but not limited to, historical and current ownership, management, financial and/or business relationships or ties with another business, such as familial relationships, contractual relationships, assignments, passage of title to goods or merchandise, and other related matters as reflected in tax returns and other documentation.

**4. Do I have to disclose another business that I own and manage that is not in a related industry as the applicant business?**

Yes, regardless of the industry type of the applicant firm.

**5. What supporting documents are required when there is an affiliation between the applicant firm and another business?**

The following documents for the applicant and any affiliate(s) business are required:

- Federal Income Tax returns for the previous three years (or for the number of years in business, if less than three), including all pages, forms, schedules, and statements for each.
- Four most recent completed quarters (or for the number of quarters in business, if less than four) – Employment Development Department (EDD-Form DE 9C). Provide copies of out-of-state and/or out-of-country documents equivalent to Form DE 9C, if applicable.

**6. What are the required tax returns based upon years in business for the applicant and affiliate business?**

See chart below:

<u>Situati on</u>	<u>Applicant Years in Business</u>	<u>Applicant FTRs Required</u>	<u>Affiliate Years in Business</u>	<u>Affiliate FTRs Required</u>
<u>1</u>	<u>3 years or more</u>	<u>3 most recent years</u>	<u>3 years or more</u>	<u>3 most recent years</u>
<u>2</u>	<u>3 years or more</u>	<u>3 most recent years</u>	<u>Less than 3 years</u>	<u>Per years in existence</u>
<u>3</u>	<u>Less than 3 years</u>	<u>Per years in existence</u>	<u>3 years or more</u>	<u>3 most recent years</u>
<u>4</u>	<u>Less than 3 years</u>	<u>Per years in existence</u>	<u>Less than 3 years</u>	<u>Per years in existence</u>

**7. I am no longer associated with another business that was considered an affiliate during the previous certification. Do I need to disclose the past affiliate?**

Yes, the affiliate business still needs to be disclosed with the affiliation end date. OSDS will only require tax returns to the Affiliation end date and employee information (the four quarters for year the affiliation ended).

**8. Do I need to count the seasonal and/or staffing employees for affiliate firm(s)?**

Yes, for the applicant and affiliate firm(s), if the employees are reported on the firm's Employment Development Department (EDD) Quarterly Contribution Return and Report of Wages (Continuation) (DE 9C forms) or reported as an employee by the firm on another state's report equivalent to the EDD DE 9C form for the applicant or affiliate.

**9. How do I calculate the average number of employees for the last four quarters?**

Refer to the number of employees posted on your Employment Development Department Quarterly Contribution Return and Report of Wages (Continuation) (DE 9C forms). Add the number of employees during last 12 months (four most recent quarters) and divide by 12 to obtain your average.

**10. Is a subsidiary considered an affiliate?**

Yes, a subsidiary will be determined as an affiliate. A subsidiary may file its tax information along with the applicant business/parent business or file separately. Either way, the GAR and employees must be accounted for the applicant and affiliate firm(s). If the subsidiary files its taxes separately, OSDS shall request the financials (profit and loss statement and/or balance sheet) to obtain gross annual receipts figures for the last three completed tax years.

**11. If a business owns a percentage of the applicant firm, is it considered an affiliate?**

Yes, based primarily on shared ownership and/or management of the business(es).