

ATTACHMENT



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) STATUS DECLARATION

Complete this form only if Bidder wishes to claim the DVBE incentive associated with this solicitation. Review the DVBE Status Declaration Instructions (SDSC Form #PUR-004A) prior to completing this form. If Bidder submits incomplete or inaccurate information, it will not receive the DVBE incentive.

Each DVBE and each DVBE Subcontractor must complete a separate form.

SECTION A. MUST BE COMPLETED BY ALL DVBEs

DVBE Name: \_\_\_\_\_

DVBE Supplier ID Number: \_\_\_\_\_

SECTION B. MUST BE COMPLETED BY ALL DVBEs

Check only one box in Section B and provide original signatures of all disabled veteran (DV) owners and managers of the DVBE.

[ ] I (we) declare that the DVBE is not a broker or agent, as defined in Mil. & Vet. Code § 999.2(b), of the goods and/or services provided by the DVBE in connection with the solicitation identified above.

[ ] Pursuant to Mil. & Vet. Code § 999.2(f), I (we) declare that the DVBE is a broker or agent for the following principal. (attach additional sheets if more than two principals)

Principal Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Principal Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Disabled veteran owners and managers of the DVBE: (attach additional sheets if necessary)

I, the official named below, declare under penalty of perjury under the laws of the state of California that the information provided on this form is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature of DV Owner/Manager

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature of DV Owner/Manager

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature of DV Owner/Manager

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**SECTION C. MUST BE COMPLETED BY DVBEs THAT PROVIDE RENTAL EQUIPMENT AND ARE NOT BROKERS/AGENTS**

Check applicable boxes in Section C and provide original signatures of all DV owners and managers of the DVBE.

- Pursuant to Mil. & Vet. Code § 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Mil. & Vet. Code § 999 et seq.
- The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented in connection with this solicitation. I (we), the DV owner(s) of the equipment, have submitted to the Department of General Services my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in Mil. & Vet. Code § 999.2 (c) and (g).

**Disabled veteran owners of the DVBE:** *(attach additional sheets if necessary)*

I, the official named below, declare under penalty of perjury under the laws of the state of California that the information provided on this form is true and correct.

Name of DV Owner: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of DV Owner

Name of DV Owner: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of DV Owner

**Disabled veteran managers of the DVBE:** *(attach additional sheets if necessary)*

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature of DV Manager

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature of DV Manager