



APPLICATION FOR VETERAN BUSINESS ENTERPRISE CERTIFICATION

Please read the instructions on the last page before completing this form. Keep a copy of this form for your records. Send copies of required original documents.

PERSONAL DATA

Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____

I understand, agree, and certify the following:

- All of the information provided in this application is true.
- All of the documents provided pursuant to this application are true and correct.
- If any information provided in or with this application is, at any point, determined to be untrue or otherwise falsified, it will be grounds for rejecting the application and/or revocation of the certification.
- I have read and understand the information on the last page of the form.

➤ **Applicant's Signature:** _____ **Date:** _____

ENTERPRISE BUSINESS DATA

Name of the Business (the "Business"): _____ Business Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Please check (✓) the appropriate boxes.

Questions		Yes	No
1	Is the Business domiciled in Florida? <i>For a corporation, domicile is the state of incorporation. For any other type of business enterprise, the domicile is the principal place of business.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2	Does the Business have fewer than 200 employees?	<input type="checkbox"/>	<input type="checkbox"/>
3	Is the Business organized to engage in commercial transactions?	<input type="checkbox"/>	<input type="checkbox"/>
4	Is the total net worth of the Business \$5 million or less? <i>For a sole proprietorship, net worth includes personal and business investments.</i>	<input type="checkbox"/>	<input type="checkbox"/>

In Table 1 below, please list the names of all owners of the Business, their percentage of ownership, and indicate whether they are Wartime Veterans or Service Disabled Veterans and whether they are involved in the management and daily operations of the business.

Table 1		Owner(s) Name(s) <i>If there are more than eight owners, please attach a full list and provide with documentation.</i>	Percentage (%) of Business Owned?		Wartime or Service Disabled Veteran?		Management? Involved in the management and daily operations of the business?	
			Yes	No	Yes	No	Yes	No
	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In Table 2 below, please list all persons **not listed** in Table 1 who are involved in the management and daily operations of the Business. If applicable, indicate whether person is the spouse or caregiver of an owner of the business who is a Disabled Veteran.

Name(s) of Persons Who Are Involved in the Management and Daily Operations of the Business <i>If there are more than eight persons who meet this description, please attach a full list with your online submission.</i>		Spouse or Caregiver?	
Table 2	1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	3	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	4	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	5	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	6	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	7	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	8	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Required Documentation

Attach and submit copies of the following documents with your application:

- A copy of the DD-214 form issued by either the United States Department of Veterans Affairs or the United States Department of Defense for all Veterans listed in Table 1.
- Any lists, if any, required to supplement the information in Tables 1 through 3.

SERVICE DISABLED VETERANS ONLY

In Table 3 below, please provide the disability rating for all Disabled Veterans. For Service Disabled veterans only.

Name(s) of Service Disabled Veterans Who Own the Business <i>If there are more than three persons who meet this description, please attach a full list with your online submission.</i>		Disability Rating
Table 3	1	
	2	
	3	

Please check (✓) the appropriate box.

Question		<input type="checkbox"/> Yes	<input type="checkbox"/> No
1	Are any of the Veteran's listed in <u>Table 3</u> permanent residents of the State of Florida?		

Required Documentation

Attach and submit copies of the following documents with your application:

- DD-214 form issued by either the United States Department of Veterans Affairs or the United States Department of Defense for all Veterans listed in Table 1 and Table 3.
- Any lists, if any, required to supplement the information in Tables 1 through 3.
- Documentation of service related disability as determined by the United States Department of Veteran Affairs or the United State Department of Defense.

IMPORTANT INFORMATION FOR CERTIFICATION

(TO AVOID DELAYS, PLEASE READ THESE INSTRUCTIONS CAREFULLY)

IMPORTANT REQUIREMENTS & INFORMATION (not following these requirements may cause your certification to be rejected)

- Complete all lines of the form in the Personal Data and Enterprise Data sections.
- Applicant must sign and date the application.
- Attach additional documents in .pdf if additional space was required for filling out any of the Tables.
- Retain a copy of your application and all documentation for your records.

DOCUMENTATION REQUIREMENTS

Documentation of Wartime Service

- A copy of the DD-214 form issued by either the United States Department of Veterans Affairs or the United States Department of Defense for all veterans listed in Table 1.

Documentation of Service-Connected Disability

- A copy of the DD-214 form issued by either the United States Department of Veterans Affairs or the United States Department of Defense for all Veterans listed in Table 1 and Table 3.
- A letter or other supporting documentation from the United State Department of Veterans Affairs or the United States Department of Defense demonstrating the service-connected disability rating for all veterans listed in Table 3.

Submit your completed form and the documentation through E-

mail. Mail to: osdhelp@dms.myflorida.com

Please see section 295.187, Florida Statutes, for more information on the Veteran's Preference Certification.