

EQUIPMENT OWNER OR BROKER DECLARATION

Instructions: Prior to performing work under the terms of a contract or agreement, all owners, Certified Small Business (CSB), Disabled Veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE), must complete this declaration when any piece of equipment will be provided for rental to the state. **At the time this document is submitted the vendor must also provide proof of ownership of equipment and insurance in the name of the business or Sole Proprietor.** (Effective January 1, 2004, Military and Veterans Code, Section 999.2 was amended to provide definitions and specific declaration requirements. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties).

NAME OF CONTRACT OR AGREEMENT Smith Equipment	CONTRACT ID NUMBER
NAME OF CERTIFIED CSB/DBVE Smith Equipment	CSB/DVBE REFERENCE NUMBER CSB 123456 DVBE 1234

Check all of the following areas that apply and provide original signatures:

- Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. I (we) own at least 51% of the equipment (quantity and value) that will be used to perform the State of California contract identified above. The DVBE obtained the contract by representing that the DVBE meets and maintains all of the requirements for certification as a DVBE. I (we), the DV owners, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in subsections (c) and (g). *Failure by the disabled veteran owner(s) to submit their personal federal tax return(s) to the administering agency as defined in subsections (c) and (g), will result in the DVBE being deemed an equipment broker.* **I am currently certified with California DGS.** Additionally, daily business operations must be managed and controlled by one or more disabled veterans, (the disabled veteran(s) who manage and controls the business is not required to be the disabled veteran business owner(s)).
- I am (we are) the CSB(s) with ownership of the CSB. I (we) have legal and financial control of the equipment (quantity and value) that will be used to perform the State of California contract identified above. The CSB obtained the contract by representing that the CSB meets and maintains all of the requirements for certification as a CSB. I (we), the CSB owners, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter. **I am currently certified with California DGS.**
- I am not a CSB/DVBE. I/we do have ownership of the business. I (we) have legal and financial control of the equipment (quantity and value) that will be used to perform the State of California contract identified above.

Owner(s) (attach additional pages with sufficient signature blocks for each person to sign):

PRINTED NAME OF OWNER John Smith	SIGNATURE 	DATE SIGNED 00/00/0000
ADDRESS OF OWNER A St Chico, CA. 95973	TELEPHONE NUMBER OF OWNER 555-555-5555	TAX IDENTIFICATION NUMBER OF OWNER TIN 123456789
PRINTED NAME OF OWNER Jane Smith if 2 owners	SIGNATURE 	DATE SIGNED 00/00/0000
ADDRESS OF OWNER B St Chico, CA. 95973	TELEPHONE NUMBER OF OWNER 555-555-5551	TAX IDENTIFICATION NUMBER OF OWNER

Disabled Veteran Manager(s) (if any) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

PRINTED NAME OF CSB/DV MANAGER John Smith	SIGNATURE OF CSB/DV MANAGER 	DATE SIGNED 00/00/0000
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How does the qualifying Disabled Veteran(s) maintain operational control of the business? For each qualifying disabled veteran, list their name, ownership title, percentage of ownership, and specify the activities he/she performs, **manages or supervises.**

Principal Business Phone: 555-2222	Principal Business Address: C St. Chico, CA. 959973
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