



**Office of General Services
Division of Service-Disabled
Veterans' Business Development**

Vendor Recertification Application

PART I: Applicant Business Information - TYPE or PRINT clearly in ink

LEGAL BUSINESS NAME

FEDERAL EMPLOYER ID. NO.

DOING BUSINESS AS NAME (IF APPLICABLE)

APPLICANT'S MAILING ADDRESS

CITY, STATE, ZIP CODE

APPLICANT'S PHYSICAL ADDRESS/PRINCIPAL PLACE OF BUSINESS

CITY, STATE, ZIP CODE

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

BUSINESS INTERNET HOMEPAGE ADDRESS

NUMBER OF EMPLOYEES (AVERAGE LAST 4 QUARTERS)

Veterans + # Non-Veterans = Total Employees

OWNERSHIP TYPE

Sole Proprietorship Partnership
Corporation Limited Liability Company
Joint Venture Limited Liability Partnership

BUSINESS TYPE

Commodities Construction
Construction Professional Services
Consulting and Other Services

CERTIFICATIONS

Yes No Application Pending

U.S. Department of Veterans Affairs, Vets First (CVE) verification

Federal System of Award Management (self-certification)

Federal Disabled Business Enterprise (DBE)

Federal Small Disadvantaged Business 8(a)

Federal HUBzone

NYS Minority Owned Business

NYS Women Owned Business

Other (list all):

PART II: NY Counties Where Applicant Can Provide Its Goods and Services

(Check appropriate boxes or "statewide" for all counties)

Statewide	Columbia	Herkimer	Oneida	Rockland	Tompkins
Albany	Cortland	Jefferson	Onondaga	St. Lawrence	Ulster
Allegany	Delaware	Kings	Ontario	Saratoga	Warren
Bronx	Dutchess	Lewis	Orange	Schenectady	Washington
Broome	Erie	Livingston	Orleans	Schoharie	Wayne
Cattaraugus	Essex	Madison	Oswego	Schuyler	Westchester
Cayuga	Franklin	Monroe	Otsego	Seneca	Wyoming
Chautauqua	Fulton	Montgomery	Putnam	Steuben	Yates
Chemung	Genesee	Nassau	Queens	Suffolk	
Chenango	Greene	New York	Rensselaer	Sullivan	
Clinton	Hamilton	Niagara	Richmond	Tioga	

PART III: Applicant's Ownership

INSTRUCTIONS: Enter the names and complete home addresses of all owners, partners, LLC members, LLC managers, shareholders, and/or officers of the applicant business. When another business is an owner, enter the complete principal office address of the parent company in the home address box. If you are a corporation and do not have a vice-president, enter "no VP" in the title column. If an individual holds multiple titles, list all titles held.

SDVOB APPLICANTS: Check the disabled veteran box to identify each qualifying disabled veteran.

NAME of individual owner, partner, LLC member, LLC manager, shareholder, or officer TITLE

OWNER'S PRIMARY FUNCTION IN THE BUSINESS

PERCENTAGE OF OWNERSHIP % SERVICE-DISABLED Yes No PERCENTAGE OF SERVICE DISABILITY %

HOME ADDRESS (do not enter P.O. Box and do not leave blank) CITY, STATE, ZIP CODE

MAILING ADDRESS (if different) CITY, STATE, ZIP CODE

PERSONAL PHONE NUMBER PERSONAL EMAIL

NAME of individual owner, partner, LLC member, LLC manager, shareholder, or officer TITLE

OWNER'S PRIMARY FUNCTION IN THE BUSINESS

PERCENTAGE OF OWNERSHIP % SERVICE-DISABLED Yes No PERCENTAGE OF SERVICE DISABILITY %

HOME ADDRESS (do not enter P.O. Box and do not leave blank) CITY, STATE, ZIP CODE

MAILING ADDRESS (if different) CITY, STATE, ZIP CODE

PERSONAL PHONE NUMBER PERSONAL EMAIL

NAME of individual owner, partner, LLC member, LLC manager, shareholder, or officer TITLE

OWNER'S PRIMARY FUNCTION IN THE BUSINESS

PERCENTAGE OF OWNERSHIP % SERVICE-DISABLED Yes No PERCENTAGE OF SERVICE DISABILITY %

HOME ADDRESS (do not enter P.O. Box and do not leave blank) CITY, STATE, ZIP CODE

MAILING ADDRESS (if different) CITY, STATE, ZIP CODE

PERSONAL PHONE NUMBER PERSONAL EMAIL

PART IV: Gross Annual Receipts (from Federal Income Tax Return)

INSTRUCTIONS: Use the table below to locate the **GROSS ANNUAL RECEIPTS LESS RETURNS AND ALLOWANCES** on your federal income tax return and enter the figures for **THE THREE MOST RECENTLY COMPLETED TAX** years or for the total years in business (most current year first).

TABLE: Gross Annual Receipts Table (from Federal Income Tax Return)

SOLE PROPRIETORSHIP	SCHEDULE C (FORM 1040), SECTION A, LINE 3
PARTNERSHIP OR S-CORPORATION (rental or leasing business)	FORM 8825, LINE 18A
PARTNERSHIP (all other business types)	FORM 1065, LINE 1C
S-CORPORATION	FORM 1120S, LINE 1C
C-CORPORATION	FORM 1120 or 1120A, LINE 1C
SINGLE MEMBER/MANAGER	FORM 1040, SCHEDULE C, LINE 3 or FORM 1120 or 1120A, LINE 1C
LIMITED LIABILITY COMPANY - multiple members/managers with partnership tax structure	FORM 1065, LINE 1C
LIMITED LIABILITY COMPANY - multiple members/managers with s-corp tax structure	FORM 1120S, LINE 1C
LIMITED LIABILITY COMPANY - multiple members/managers with C-corp tax structure	FORM 1120 OR 1120A, LINE 1C
LIMITED LIABILITY PARTNERSHIP	FORM 1065, LINE 1C

Enter the figures for the three most recently completed tax years or for the total years in business (most current year first).

TAX YEAR	YEAR BEGINNING	YEAR ENDING	GROSS ANNUAL RECEIPTS LESS RETURNS AND ALLOWANCES (see gross annual receipts table above)
1.			\$
2.			\$
3.			\$

PART V: Business Classification Codes and Keywords

INSTRUCTIONS: Enter all NAICS codes that describe your products and/or services using the NAICS codes found at: <http://www.naics.com/search>.

Write a description of what your business does and enter all keywords that describe your business.

ENTER NAICS CODES

SPECIFIC FUNCTION Describe in one sentence what your business does.

KEYWORDS List all specific terms and keywords associated with what your business does including appropriate licenses, certifications and specific products. Include any terms and keywords you want included in a directory search.

PART VI: SDVOB Management and Control

A. INSTRUCTIONS: Answer the following questions as they apply to managerial control.

- | | | |
|---|-----|----|
| 1. Are the disabled veteran owners or managers responsible for the negotiation, execution and signature of contracts? | Yes | No |
| 2. Are the disabled veteran owners or managers responsible for the execution of financial transactions and agreements (credit, banking and bonding) operations? | Yes | No |
| 3. Are there any formal or informal restrictions limiting the voting power or control of the disabled veteran owners and/or disabled veteran managers? | Yes | No |
| 4. Are there any third party agreements restricting the control of the disabled veteran owners and/or disabled veteran managers? | Yes | No |
| 5. Do the disabled veteran owners or disabled veteran managers possess the requisite experience, education, knowledge and qualifications in the applicant firm's field of operations? | Yes | No |
| 6. Are the salary/profits of the disabled veteran owners and disabled veteran managers commensurate (proportionate) with their ownership interest? | Yes | No |
| 7. Do the disabled veteran owners or disabled veteran managers have direct responsibility for subcontractors, if any? | Yes | No |

B. INSTRUCTIONS: If you are a SDVOB applicant and checked CORPORATION in Part 1, answer the following questions.

- | | | |
|--|-----|----|
| 1. Do the disabled veteran owners or disabled veteran managers have direct responsibility for the applicant firm's equipment? | Yes | No |
| 2. Do the disabled veteran owners or disabled veteran managers have direct responsibility for the applicant firm's materials? | Yes | No |
| 3. Do the disabled veteran owners or disabled veteran managers have direct responsibility for the applicant firm's facilities (office/yard)? | Yes | No |
| 4. Do the disabled veteran owners receive at least 51% of any dividends paid by the firm, including distribution upon liquidation? | Yes | No |
| 5. Do the disabled veteran owners have the ability to appoint or elect and remove the majority of the board of directors? | Yes | No |
| 6. Are the disabled owners entitled to 100% of the value of each share of stock they hold? | Yes | No |

PART VII: Service-Disabled Veteran-Owned Business Experience

INSTRUCTIONS: Answer the following questions as they apply to your experience.

Since being certified as a NYS SDVOB, have you contracted with, provided services for, rented equipment to, or sold products to:

- | | | |
|---|-----|----|
| 1. Any NYS Agency or Authority? | Yes | No |
| 2. Any Prime contractor for a NYS Agency or Authority contract? | Yes | No |
| 3. Any NYS county, town, village, or city? | Yes | No |
| 4. Any private entity based on your NYS SDVOB Certification status? | Yes | No |

PART VIII: Disabled Veteran Equipment Ownership Yes/No Questions

INSTRUCTIONS: All SDVOB applicants are required to answer the following questions.

- | | | |
|---|-----|----|
| 1. Will the applicant business rent equipment to the state? | Yes | No |
| 2. Does the disabled veteran owner own at least 51% of the quantity and value of each type of equipment that will be provided under a contract? | Yes | No |

PART IX: Service-Disabled Veteran(s) Attestation

INSTRUCTIONS: Each service-disabled veteran applicant must attest to the following with their signature.

As a qualifying service-disabled veteran, I attest to my disability rating and to my level of management and control as stated in this application.

PRINT NAME

DATE

SIGNATURE

As a qualifying service-disabled veteran, I attest to my disability rating and to my level of management and control as stated in this application.

PRINT NAME

DATE

SIGNATURE

As a qualifying service-disabled veteran, I attest to my disability rating and to my level of management and control as stated in this application.

PRINT NAME

DATE

SIGNATURE

As a qualifying service-disabled veteran, I attest to my disability rating and to my level of management and control as stated in this application.

PRINT NAME

DATE

SIGNATURE

As a qualifying service-disabled veteran, I attest to my disability rating and to my level of management and control as stated in this application.

PRINT NAME

DATE

SIGNATURE

As a qualifying service-disabled veteran, I attest to my disability rating and to my level of management and control as stated in this application.

PRINT NAME

DATE

SIGNATURE

ATTACH ADDITIONAL PAGE(S) FOR ANY ADDITIONAL SERVICE-DISABLED VETERANS RELATED TO THIS APPLICATION.

PART X: Certification/Declaration

CERTIFICATION / DECLARATION A: Penalty of perjury declaration

The undersigned states:

I certify (or declare) under penalty of perjury under the laws of the State of New York that all information submitted to the Division of Service-Disabled Veterans' Business Development submitted in this SDVOB Recertification, and any additional information to determine eligibility, is true and correct.

CERTIFICATION / DECLARATION B: Federal tax return transcript acknowledgment

The undersigned acknowledges that upon request by the DSDVBD that the SDVOB applicant(s) must submit a specified federal tax form to release transcripts of tax returns to the DSDVBD.

CERTIFICATION / DECLARATION C: Commercially Useful Function

The undersigned certifies (or declare(s)) that a "Commercially Useful Function will be performed on each state contract.

Commercially useful function: A SDVOB performs a commercially useful function when it is responsible for execution of the work of the contract and is carrying out its responsibilities by actually performing, managing, and supervising the work involved. To perform a commercially useful function, a SDVOB must, where applicable and in accordance with any State agency specifications, also be responsible, with respect to materials and supplies used on the contract, for ordering and negotiating price, determining quality and quantity and installing. A SDVOB does not perform a commercially useful function if its role adds no substantive value and is limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to obtain the appearance of participation. Factors to be used in assessing whether a SDVOB is performing a commercially useful function include:

1. the amount of work subcontracted;
2. industry practices;
3. whether the amount the SDVOB is to be paid under the contract is commensurate with the work it is to perform;
4. the credit claimed towards SDVOB utilization goals for the performance of the work by the SDVOB; and
5. any other relevant factors.

CERTIFICATION / DECLARATION D: SDVOB 51% unconditional ownership acknowledgment

The undersigned acknowledges that applicant(s) must submit documents requested by the DSDVBD, that establish at least 51% of the stock, voting stock, partnership, ownership or membership interest is unconditionally owned by one or more service-disabled veterans.

Authorized signature from each owner, corporate officer, partner or member/manager:

Print Name

Date

Owner's, Corporate Officer's, Partner's or Member's/Manager's Signature

Print Name

Date

Owner's, Corporate Officer's, Partner's or Member's/Manager's Signature

Print Name

Date

Owner's, Corporate Officer's, Partner's or Member's/Manager's Signature

Print Name

Date

Owner's, Corporate Officer's, Partner's or Member's/Manager's Signature

ATTACH ADDITIONAL PAGE(S) FOR ANY ADDITIONAL OWNERS, CORPORATE OFFICERS, PARTNERS OR MEMBERS/MANAGERS.

NOTE: All applications are subject to verification of status at anytime. Failure by a business to provide requested information that supports its eligibility by the date and time specified may be grounds for non-renewal of certification.

PART XI: Required Supporting Documentation

INSTRUCTIONS:

Using the documentation list below, determine the supporting documents that are required with your recertification application:

- **Part X-A: All applicants, with the exception of Vets First applicants, must submit all documents in this part.**
- **Part X-B: All applicants, with the exception of Vets First applicants, must submit documents as specified by the applicant business type.**
- **Part X-C: Vets First applicants only - If the applicant business is certified by the U.S. Department of Veterans Affairs Vets First program, only documents in Part X-C are required.**
- **Part X-D: List of additional requirements and/or documents that may be requested by DSDVBD (not required to be attached with the initial reapplication).**

A. All Recertification applicants, with the exception of Vets First applicants, must submit a copy of:

A1. U.S. Veterans Administration documentation of service-connected disability rating which must be dated within one year of the date DSDVBD receives your SDVOB Recertification and must demonstrate a service-connected disability rating of at least 10%.

B. Submit additional documentation according to the type of business seeking SDVOB certification:

B1. Sole Proprietorship

B1(a). The entire Federal Income Tax Returns for the applicant business for the three most recently completed tax years

B1(b). Business License, if applicable

B1(c). Resume which communicates the Disabled Veteran's experience, education, knowledge, and qualifications.

B1(d). Franchise, Trust Agreement and Amendments, as applicable

B2. Limited Liability Company (LLC)

B2(a). The entire Federal Income Tax Returns for the applicant business for the three most recently completed tax years

B2(b). Business License, if applicable

B2(c). Resumes which communicate the Disabled Veterans' experience, education, knowledge, and qualifications.

B2(d). Franchise, Trust Agreement and Amendments, as applicable

B2(e). Articles of Organization

B2(f). Operating Agreement and amendments

B3. Corporations

B3(a). The entire Federal Income Tax Returns for the applicant business for the three most recently completed tax years

B3(b). Business License, if applicable

B3(c). Resumes which communicate the Disabled Veterans' experience, education, knowledge, and qualifications

B3(d). Franchise, Trust Agreement and Amendments, as applicable

B3(e). Articles of Incorporation

B3(f). Corporate meeting minutes listing current elected corporate officers and directors, or the most recent Statement of Information

B3(g). Corporate bylaws and amendments

B3(h). Stock Transfer Ledger and Stock Certificates

B4. Partnerships

B4(a). The entire Federal Income Tax Returns for **each partner** for the three most recently completed tax years

B4(b). Business License, if applicable

B4(c). Resumes which communicate the Disabled Veterans' experience, education, knowledge, and qualifications.

B4(d). Franchise, Trust Agreement and Amendments, as applicable

B4(e). Partnership agreement and amendments

B5. Limited Liability Partnerships

B5(a). The entire Federal Income Tax Returns for **each limited liability partner** for the three most recently completed tax years

B5(b). Business License, if applicable

B5(c). Resumes which communicate the Disabled Veterans' experience, education, knowledge, and qualifications.

B5(d). Franchise, Trust Agreement and Amendments, as applicable

B5(e). Partnership agreement and amendments

B5(f). Limited Liability Partnership Registration

C. VETS FIRST Applicants (eligible for an expedited recertification application process)

C1. Proof of VETS FIRST Certification

C2. U.S. Veterans Administration documentation of service-connected disability rating which must be dated within one year of the date DSDVBD receives your SDVOB Recertification and must demonstrate a service-connected disability rating of at least 10%.

C3. The entire Federal Income Tax Returns for the applicant business for the three most recently completed tax years

C4. Business License, if applicable

C5. Resume which communicates the Disabled Veteran's experience, education, knowledge, and qualifications.

D. ALL SDVOB APPLICANTS - Additional requirements and/or documents that may be required include, but are not limited to, the following. Refusal to provide or permit any of the following may be grounds for rejection of this application:

D1. Domicile

D1(a). Voter registration record issued by the County Registrar's Office, or DMV driver record H6 printout

D1(b). Residential lease agreement and cancelled checks - last three months

D1(c). Residential utility bill (e.g., Utility, Water, or Garbage Services) - last three months

D1(d). New York franchise income tax returns

D1(e). Federal Form 4506-T requesting a transcript of a tax return as required by Government Code § 14840(b)

D2. Business Ownership

D2(a). All office space utility bills

D2(b). Audited or unaudited business income statement

D2(c). Business and/or personal bank signature cards

D2(d). Business and/or personal bank statements - last three months

D2(e). Business purchase agreement

D2(f). New York county-issued fictitious business name statement

D2(g). Cancelled checks for stock certificates issued to all major stockholders

D2(h). Capital contributions

D2(i). Declaration of business assets (movable or immovable)

D2(j). Dissolution of corporation

D2(k). Individual Federal Income Tax Returns

D2(l). Corporate organization meeting minutes

D2(m). Office space lease agreement and cancelled checks - last 3 months

D2(n). Stock purchase agreement

D2(o). Stock transfer ledger and stock certificates

D2(p). Webpage records and revisions

D3. Employee Count:

D3(a). Professional employer organization employee records

D4. Established Business:

D4(a). Business plan

D4(b). List of suppliers and manufacturers

D4(c). Agreements: manufacturer, lines of credit, stock purchase, sales representative, distributor

D5. Licenses:

D5(a). New York State issued professional licenses or certificates

D6. Inspection of Place of Business:

D5(a). DSDVBD may require an inspection of the applicant's place of business

Submission Instructions

Before you mail your recertification application, please review to ensure:

- All fields in this application are complete and accurate.
- The application is signed and dated by all business owners, in both Parts IX and X. Attach additional sheets if necessary.
- All supporting document is attached.

Applications must be submitted by mail to the address shown below:

**New York State Office of General Services
Division of Service-Disabled Veterans' Business Development
32nd Floor, Corning Tower
Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242**

Receipt of the application will be acknowledged by mail and email. Please retain a copy of this application for your records.

If you need assistance with this application, or have any questions, contact the Division of Service-Disabled Veterans' Business Development at: (518) 474-2015, or email: veteransdevelopment@ogs.ny.gov