



VETBIZ VENDOR INFORMATION PAGES VERIFICATION PROGRAM

PRIVACY ACT STATEMENT: The information collected on this form is necessary to meet the eligibility of veteran-owned small business concerns under Public Law. 109-461, Section 8127 requirements. We will use the information to identify any VA records. Furnishing the information on this form, including your Social Security Number (No.) and VA File/Claim No. is voluntary; however, if the information is not furnished, VA will not recognize your small business as veteran-owned or service-disabled veteran-owned.

PAPERWORK REDUCTION ACT NOTICE: The collection of information meets the requirement of Public Law 109-461, Section 8127 (f) 4, as amended by Section 2 of the Paperwork Reduction Act of 1995. This form has been created to provide an efficient way for the Department of Veterans Affairs to collect and verify veterans and service-disabled veterans in Vendor Information Pages (VIP). We estimate the time to fill out the form to be about 5 minutes to read the instructions, gather the facts, and answer the questions.

PART I - CONSENT TO ACCESS AND VERIFY VETERAN(S) OWNER(S)/VETERAN(S) STOCKHOLDER(S) RECORD(S)

Each veteran owner/veteran stockholder named herein authorizes consent for the Center for Veterans Enterprise (CVE) personnel to access and verify their records. CVE will match your information with records maintained by VA's Beneficiary Identification Records Locator Subsystem database. Please see <http://www.vip.vetbiz.gov> for definitions of veteran, service-disabled veteran, owner, stockholder, Veteran Owned Small Business (VOSB), Service-Disabled Veteran Owned Small Business (SDVOSB), and eligible surviving spouse.

PART II - AFFIRMATION

By electronically signing this form; I affirm that the articles of incorporation (or other legal documents establishing the business) are filed with my state and such articles established that at least 51% of the business is owned and controlled (or in the case of stock, at least 51% of the stock is owned) by veterans or service-disabled veterans, or eligible surviving spouses as stated in Public Law 109-461 Section 8127 (k) (2). I affirm that each of the owners of the business (or in the case of a business with stock, each of the stockholders) is eligible to participate in Federal contracting and that neither the business nor any of the individual owners appears on the Excluded Parties List at <http://epls.gov> as identified in Federal Acquisition Regulation 9.404.3. I further affirm that I have read and understand the language in 13 CFR 125.10 and that the business is controlled by individuals eligible to participate in the SDVOSB program if I am claiming SDVOSB status.

Any business concern or any veteran determined by VA to have misrepresented the status of that concern as a small business concern owned and controlled by veterans or as a small business concern owned and controlled by service-disabled veterans shall be debarred from contracting with VA for a period of five years.

INSTRUCTIONS: *This form also applies to eligible surviving spouse.* Please provide owner(s) or stockholder(s) names and their pertinent information below. After completion, print a copy for your records. Hit submit and form will be sent to the VetBiz Vendor Information Pages database. **DO NOT MAIL** copies to VA.

PART III - OWNER/STOCKHOLDER INFORMATION

NAME OF COMPANY

NAME(S) OF EACH VETERAN OWNER/VETERAN STOCKHOLDER/SURVIVING SPOUSE	% OF OWNERSHIP	SERVICE DISABLED VETERAN	SOCIAL SECURITY NO. OR VA FILE NO. / CLAIM NO.	SIGNATURE	DATE SIGNED
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			