

OMB Number: 2900–New CVE Verification

Respondent Burden: 3 minutes

Expiration Date: xx/xx/xxxx

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Post-Determination Letter

- 1. Did you receive a determination within the 60 day regulatory time requirement after your application was complete?**

Yes No

- 2. Was your application approved or denied?**

Approved Denied

- 3. How probable is it you would recommend other service-disabled Veteran-owned or Veteran-owned small businesses to apply for CVE verification?**

1 Not probable 2 Somewhat improbable 3 Neutral
4 Somewhat probable 5 Very probable

- 4. How would you evaluate your experience with CVE while applying for the verification program?**

1 Poor 2 Fair 3 Good 4 Very Good 5 Excellent

- 5. Please provide any comments, feedback or suggestions to improve the CVE Verification process.**