



VETBIZ VENDOR INFORMATION PAGES VERIFICATION PROGRAM

INSTRUCTIONS: Please provide the name of the company and its Data Universal Numbering system (DUNS) number. All stockholders/owners must provide title, First, Last, Middle Name, Percentage of Business Ownership, Veteran Status, Social Security Number or File Number, Date of Birth (SSN/File Number and DOB only applies to Veterans, Service Disabled Veteran or eligible Surviving Spouse) and sign the form. Ownership must equal 99-100%. VA will not accept applications from owners/stockholders who are not Veterans. DO NOT MAIL, EMAIL or FAX the form.

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 Verification and Evaluation (CVE) personnel to access and verify their records. CVE will match your information with records maintained by the Veterans Benefits Administration (VBA).

NAME OF COMPANY	DBA	DUNS
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NAME(S) OF EACH BUSINESS OWNER/STOCKHOLDER/SURVIVING SPOUSE <small>(Mr./Ms., First name, Middle, Last, Jr./Sr./III)</small>	% OF OWNER-SHIP	VETERAN STATUS				SSN/VA FILE NO./CLAIM NO. FOR VETERAN(S) & SERVICE DISABLED VETERANS & SURVIVING SPOUSE ONLY <small>(Skip if Non-Veteran)</small>	DATE OF BIRTH <small>(MM/DD/YYYY)</small>	SIGNATURE OF EACH BUSINESS OWNER(S)	DATE SIGNED
		VETERAN	SVC. DIS. VETERAN	SPOUSE	NON-VET				
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PART II - AFFIRMATION

By signing this form, I affirm that the 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)275 as amended by Public Law 111 (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 38 CFR Part 74 and that the business is controlled by individuals eligible to participate in the Veteran First program if I am claiming SDVOSB status. A false statement on any part of your application may be punished by fine or imprisonment (*U.S. Code title 18, section 1001*). I understand that any information I give may be investigated as allowed by law or Presidential order. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith. Misrepresentations of VOSB or SDVOSB eligibility may result in action taken by VA officials to debar the business concern for a period not to exceed 5 years from contracting with VA as a prime contractor or a subcontractor.

PRIVACY ACT STATEMENT: The Privacy Act of 1974, 5 U.S.C. 522a(e), requires that all agencies publish in the Federal Register, a notice of the existence and character of their systems of records. VA system of records entitled VA VetBiz Vendor Information Pages (123VA00VE) covers the information being provided on this form. The information collected on this form is necessary to meet the eligibility of Veteran, Service Disabled Veteran and surviving spouse 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. Your obligation to respond is voluntary.

PAPERWORK REDUCTION ACT NOTICE: The collection of information meets the requirement of Public Law 109-461, Section 8127 (f) 4, as amended by Public Law 111 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 in the Vendor Information Pages (VIP). We estimate the time to fill out the form to be about 30 minutes to read the instructions, gather the facts, and answer the questions. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed.

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

NAME(S) OF EACH BUSINESS OWNER/STOCKHOLDER/ SURVIVING SPOUSE <i>(Mr./Ms., First name, Middle, Last, Jr./Sr./III)</i>	% OF OWNER- SHIP	VETERAN STATUS				SSN/VA FILE NO./CLAIM NO. FOR VETERAN(S) & SERVICE DISABLED VETERANS & SURVIVING SPOUSE ONLY <i>(Skip if Non-Veteran)</i>	DATE OF BIRTH <i>(MM/DD/YYYY)</i>	SIGNATURE OF EACH BUSINESS OWNER(S)	DATE SIGNED
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