

STATE OF OKLAHOMA
DEPARTMENT OF VETERANS AFFAIRS
OKVetWorks Program
2132 NE 36th St
Oklahoma City, OK 73111

OKLAHOMA VETERAN-OWNED BUSINESS VERIFICATION APPLICATION

ELIGIBILITY: To receive the 3% preference (for being a Service Disabled Veteran Owned Business), a bidding business must first obtain a Veteran Owned Business Verification from the Oklahoma Department of Veterans Affairs - OKVetWorks Program. The Verification is valid for one year or until such time as the business is no longer in compliance with the requirements, whichever occurs first. When submitting request for renewal all supporting documents are required.

INSTRUCTIONS

1. Complete and sign the application form on the second page of this document.
2. Provide proof of honorable military service (e.g. DD Form 214 or other documentation if DD Form 214 is unavailable).
3. Provide proof of current Registration as a business with the Oklahoma Secretary of the State.
4. Provide documentation establishing the percentage of Veteran ownership of the business (e.g. business plan, operating agreement, meeting minutes, shares report, stock certificate breakdown, and/or tax forms with ownership percent).
5. Proof of disability, as certified by the appropriate federal agency responsible for the administration of veterans' affairs.
6. Provide proof of annual gross income for most recent fiscal year (e.g. OK state income tax return, audited financial statement).

DEFINITIONS

(74 O.S. § 85.44E - Disabled Veteran Enterprise Act)

1. "Veteran-owned business" means a business of which at least fifty-one percent (51%) of the ownership is held by one or more veteran.
2. "Service Disabled Veteran Business" means a business:
 - a. Not less than fifty one percent (51%) of which is owned by one or more Service Disabled Veterans, or in the case of any publicly owned business, not less than fifty-one percent (51%) of the stock is owned by one or more Service Disabled Veterans; and
 - b. The management and daily business operations of which are controlled by one or more Service Disabled Veterans.
3. "Service Disabled Veteran" means any individual that is disabled as certified by the appropriate federal agency responsible for the administration of veterans' affair.

SEND APPLICATIONS & SUPPORTING DOCUMENTATION BY MAIL OR EMAIL TO:

Oklahoma Department of Veterans Affairs
ATTN: OKVetWorks
2132 NE 36th St.
Oklahoma City, OK 73111
Email: OKVetWorks@odva.ok.gov

For Questions regarding the Verification Process contact the Oklahoma Department of Veterans Affairs - OKVetWorks Program at 405-523-4000.

OKLAHOMA VETERAN-OWNED BUSINESS VERIFICATION APPLICATION

1. Business Information (All Applicants Must Complete This Section)			
Registered business name		List any "Doing Business As" names	
Business Primary Mailing Address			
Business Primary Street Address (if different from mailing address)			
Primary Phone Number	Secondary Phone Number	E-Mail	
2. Business Owner(s) Information: (If more than two owners attach additional type written sheet with information)			
Business Owner's Full Name	Owner's mailing Address	Owner's Phone & e-mail	
Proof of Honorable Discharge Provided <input type="checkbox"/> DD 214 <input type="checkbox"/> Other: _____			
Service Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No ***Proof of Disability and Rating (if claiming disabled status) is also required***			
Business Owner's Full Name	Owner's mailing Address	Owner's Phone & e-mail	
Proof of Honorable Discharge Provided <input type="checkbox"/> DD 214 <input type="checkbox"/> Other: _____			
Service Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No ***Proof of Disability and Rating (if claiming disabled status) is also required***			
3. Percentage of Ownership: (For Each Veteran Business Owner State Name and Percentage of Ownership of Business)			
Name: _____	Percentage of Ownership _____	<u>Provide supporting documentation establishing the percentage of ownership of the business.</u>	
Name: _____	Percentage of Ownership _____		
4. Statement of Annual Income and Employment:			
Business Annual Income for Year ____ was _____		<u>Provide proof of annual gross income for most recent year.</u>	
Total number of employees: _____		Number of employees that are veterans: _____	
5. Information Verification and Acknowledgment (All Applicants Must Complete This Section)			
I/We understand that this application requires supporting documentation including military, business and tax records as the means of determining eligibility for Verification as a Oklahoma Veteran Owned Business. Failure to provide the requested information may result in the inability to verify eligibility which will result in the denial and return of this application. By submitting this form, I/We understand that the Oklahoma Department of Veterans Affairs will enroll me in the OKVetWorks Registry in order to provide notifications as to the OKVetWorks Program activities. I/We attest that the information provided in this application and attachments are true and correct to the best of my/our knowledge under penalty of law.			
SIGNATURE OF APPLICANT		SIGNATURE OF APPLICANT	
DATE SIGNED: _____		DATE SIGNED: _____	
6. Verification (TO BE COMPLETED BY OKLAHOMA DEPARTMENT OF VETERANS AFFAIRS)			
VERIFICATION APPROVED <input type="checkbox"/>		Certification Expires: day ____ month ____ year ____	
		VERIFICATION DENIED <input type="checkbox"/>	
SIGNATURE & TITLE OF OK ODVA VERIFICATION OFFICER		DATE	
Reason for Ineligibility			
<input type="checkbox"/> Lack of documentation – Could not verify eligibility <input type="checkbox"/> Did not have qualifying military service. <input type="checkbox"/> Veteran not honorably discharged.		<input type="checkbox"/> Business not 51% or more Veteran owned. <input type="checkbox"/> Other _____	