



The State of New Jersey

Department of the Treasury
Division of Revenue and Enterprise Services

State of New Jersey Disabled Veteran Owned Business (DVOB) Registration Application

Dear Disabled Veteran Business Owner;

P.L. 2015, c. 116 requires that State procurement and purchasing agencies give due consideration to Disabled Veteran Owned Businesses (DVOB) in awarding contracts. Disabled Veteran Owned Business (DVOB) registration will ensure that your company will be listed in the State's NJSAVI * database.

Standards of Eligibility for "Disabled Veteran Owned-Businesses"

New Jersey disabled veteran business assistance program's criteria set forth in N.J.S.A. 52:32-31, et seq. ("Disabled Veteran-Owned Business Assistance Act") is as follows:

"Disabled Veteran" means a resident of this State who is certified by the federal Department of Veterans' Affairs as having any degree of service-connected disability.

"Disabled Veterans-owned business" means a business that:

- 1) Has its principal place of business in the State, is independently owned and operated and at least 51% of the business is owned and controlled by persons who are disabled veterans; or
- 2) Is a business which has its principal place of business in this State and has been officially verified by the United States Department of Veterans Affairs as a service disabled veteran-owned business for the purposes of department contracts pursuant to Federal law.

To register as a New Jersey Disabled Veteran Owned Business (DVOB) and be listed in the NJSAVI database, please complete and submit the attached New Jersey Disabled Veteran Owned Business Registration Application. If you wish to be registered under definition 1 above, include with your application a Service Connected Award Letter, or comparable communication, from the federal Department of Veterans Affairs *for each owner that is a disabled veteran*. If you wish to be registered under definition 2 above, include with your application the firm's Federal Service Disabled Veteran Owned Business Determination Letter. *In all cases*, provide a copy of your proof of business registration with the State of New Jersey. You could obtain the business registration certificate online at: Please provide a copy of the **NJ Business Registration Certificate** issued by the Division of Revenue & Enterprise Services for this applicant. https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp

Sign and enclose your completed application and attachment(s). Mail to:

***NJ Division of Revenue and Enterprise Services
Business Services Bureau
PO Box 455
Trenton, NJ 08646***

* **NJSAVI** is the New Jersey Selective Assistance Vendor Information database that identifies businesses certified as a Small Business Enterprise (SBE), Veteran Owned Business (VOB), Disabled Veteran Owned Business (DVOB) and/or Minority/Women Business Enterprise (MWBE) under New Jersey law. Businesses listed on NJSAVI may be eligible for contracting opportunities with the State. NJSAVI also aids in matching buyers and vendors for other contracting opportunities.

Should you have additional questions or require assistance in completing this form, it is recommended that you contact the **SBE/VOB/DVOB/MWBE Service Center at 1-609-292-2146**

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State of New Jersey Disabled Veteran Owned Business Registration Application (DVOB)

Type _____

Firm Name: _____

D/B/A or T/A: _____

Mailing Address: _____

City _____

State: NJ

Zip: _____

Provide full address of principal place of business _____

County: _____

Phone:

Fax:

E-Mail _____

Website: _____

Contact Person: _____

M

F

Title: _____

Federal ID#:

Social Security#:

DO NOT WRITE IN THIS SPACE

For Agency Use Only

Revenue Receipt Date: _____

Referring Agency:

SBA _____ NJDOT _____ NJT _____

NY/NJ PA _____ SBDC _____ OTHER _____

AI Letter Sent Date _____ Int. _____

Approved _____ Date _____ Int. _____

Disapproved _____ Date _____ int. _____

ANSWER ALL QUESTIONS AND INCLUDE FEE OR APPLICATION WILL NOT BE PROCESSED

1. Describe the firm's major business operation(s),

2. Please provide the North American Industrial Classification System (NAICS) Code(s) that best describes your business. Visit <http://www.census.gov/eos/www/naics/> for code search by keyword. (6 digit codes). **Please provide at least one but no more than six codes should be entered for core business operation only.**

3. Please provide your firm's gross revenue for the last three complete tax years.

Current Year: \$ _____

Last Year: \$ _____

Previous Year: \$ _____

3a. Date firm established: _____

Firm Type: _____

4. Is this firm independently owned and operated and at least 51% of the business is owned and controlled by persons who are Disabled Veterans? Yes No

5. Please provide a copy of the **NJ Business Registration Certificate** issued by the Division of Revenue & Enterprise Services for this applicant. https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp

6. Is the applicant's principal place of business in New Jersey as defined by:

* At least 51% of firm's current employees work in New Jersey supported by paid unemployment taxes

Yes No

* At least 51% of this firm's business is conducted in New Jersey supported by NJ income and/or business tax returns

Yes No

7. Total number of full time employees including owner(s) _____

An Applicant who fails to comply with specifically requested additional information or documentation shall be considered in non-compliance.

Please provide at least one code in Question #8 and/or #9. All codes are 5 digit codes. Codes should be entered for core business operations, only. Please note that these codes were revised on 9/04.

8. Construction-related industry list **construction craft codes found at**

<http://www.nj.gov/njbusiness/documents/constcodes.pdf>

(12 codes maximum)

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9. For all other non-construction related industries, list applicable NIGP Commodity Codes/Goods & Services codes.

Codes are located at www.state.nj.us/treasury/purchase/commcode.shtml

(12 codes maximum)

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10. Ownership Information Name of Owner, (s) Sex # Shares Owned % Owned

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ATTESTATION

I attest that this form has been completed as directed and that the information contained herein is true and accurate to the best of my knowledge. I understand that any information willfully falsified or omitted may result in the firm being disbarred from bidding on State contracts for a period of up to two years and subject to prosecution under New Jersey's fraud statutes, with civil or criminal penalties.

Signature of President, Owner or Managing Partner * _____

 Printed Name

Title _____ Date _____ Phone: _____

* Only the signature of the owner or president of a corporation is acceptable. For a partnership, only a General Partner may sign. The signature of a Limited Partner is not acceptable. For an LLC, the managing member must sign.

Sign and enclose your completed application and attachment(s). Be sure that you submit the required attachments in accordance with the instructions on page 1. Mail to:

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 Business Services Bureau
 PO Box 455
 Trenton, NJ 08646**