



**Department of Administration
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Veteran Business Enterprise (VBE)/ Service-Disabled Veteran Business Enterprise (SDVBE) Annual Declaration of Eligibility

Name of Business: _____
Address: _____
Federal ID No.: _____ **Phone No.:** _____ **# of Employees:** _____
E-mail Address: _____ **Jurisdiction of Original Certification:** _____
Original Date of Certification: _____ **Percentage Veteran-Owned:** _____

I, _____(full name printed), declare under penalty of perjury that I am the _____(title) of the above-referenced firm and that all of the foregoing information and supporting documents submitted for eligibility are true, correct, and complete to the best of my knowledge. I further declare that my firm continues to meet the size, disadvantaged status, ownership, and control requirements of 220-RICR-80-15-1.

I declare that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking to continue to have a VBE/SDVBE certification. I declare that I am a veteran or service-disabled veteran as identified in 38 CFR Part 74.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for decertification.

I agree to notify this certifying agency, the Minority Business Enterprise Compliance Office (MBECO) of the State of Rhode Island, of a material change in circumstances that affects my firm's eligibility within 30 days of its occurrence, explain the change fully, and include a duly executed VBE/SDVBE Declaration of Eligibility (this form) with the notice.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. EXECUTED ON _____.

Signature (owner) _____