



**APPLICATION FOR CERTIFICATION
INDIANA VETERAN OWNED SMALL
BUSINESS ENTERPRISE**

State Form 55861 (R2 / 2-17)

**DEPARTMENT OF ADMINISTRATION
PROCUREMENT DIVISION**
402 W. Washington St. Rm. W468
Indianapolis, IN 46204-2297

APPLICANT

Should I apply?

- Are you a veteran under IC 5-22-14-2.5?
- Is your principal place of business in the State of Indiana as defined by 25 IAC 9-2-1?

If you answered yes to the questions above, you may be eligible to participate in the State of Indiana Veteran Owned Small Business Enterprise (IVOSB) program. To learn more, please read the information at the links listed at the bottom of this page.

Two ways to apply:

1. If you are currently certified by the Department of Veterans Affairs, Center for Veterans (CVE), submit your current verification letter from the CVE, this completed form, and the documents listed below to the IVBE program.
2. You may also apply directly with the State of Indiana by completing the application and submitting copies of the documents listed below.

Be sure to attach copies of all the required documents:

- Application
- Verification Letter if currently certified by the Department of Veterans Affairs, Center for Veterans
- DD214 from the Department of Veterans Affairs, NGB-22, or proof of current active duty *
- W-9 *
- State issued ID / Driver's License or Passport

Additional documentation may be requested to support the application.

* These documents are deemed confidential per IC 5-22-14-3.5(d).

Where can I find more information?

- U.S . Department of Veterans Affairs: <http://www.VetBiz.Gov>
This site provides useful links to the rules and regulations governing the VBE program, questions and answers, and other pertinent information.
- State of Indiana IVOSB Program: <http://www.in.gov/idoa>



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Is your firm currently verified as a Veteran Business Enterprise (VBE) by the Veteran's Administration (CVE)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your principal place of business in the State of Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your firm had an on-site visit conducted by a governmental agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of visit (month, day, year)

SECTION A BASIC INFORMATION

Name of certified firm		Bidder registration number (required)	
Address (number and street)		City, state, and ZIP code	
		County (Indiana only)	
Name of contact person		Title of contact person	
Business telephone number ()	Business fax number ()	Business e-mail address	Business website address

SECTION B OWNER'S INFORMATION (If additional space is required, submit an attached sheet.)

Name of owner	Number of years owned	Percentage owned %
Are you a veteran as defined by IC 5-22-14-3.5? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List your branch of service	Dates of service (month, day, year) From: To:	

SECTION C BUSINESS INFORMATION

Type of business <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other (Please explain.): _____	
Has your company been certified by the state of Indiana before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of certification (month, day, year)
Name of firm certified	
Product or service	
UNSPSC codes (required)	Number of full-time employees
NAICS codes (optional)	Number of part-time employees
Is your business registered with the Indiana Secretary of State? (Attach copy.) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the Secretary of State control number.

List company officers, if applicable. (If additional space is required, submit an attached sheet.)

Name of Officer	Title	Date Appointed (month, day, year)

List board of directors, if applicable. (If additional space is required, submit an attached sheet.)

Name of Director	Title	Date Appointed (month, day, year)

CERTIFICATE OF AFFIRMATION

This must be signed by the President, Chief Executive Officer, or the highest qualifying member / owner of the firm.

The undersigned swears or affirms, under the penalty of perjury, that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____ as well as the ownership thereof.

Any misrepresentations will be grounds for terminating any contract which may be awarded, to initiate action under federal, state, or local laws concerning false statements, or the denial of certification.

Signature of owner, officer, or partner	Date (month, day, year)
Printed name	Title