



RECERTIFICATION APPLICATION - INDIANA VETERAN OWNED SMALL BUSINESS ENTERPRISE

State Form 56253 (2-17)

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

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
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SECTION A BASIC INFORMATION

Name of certified firm		Bidder registration number <i>(required)</i>	
Address <i>(number and street)</i>		City, state, and ZIP code	County <i>(Indiana only)</i>
Name of contact person		Title of contact person	
Business telephone number ()	Business fax number ()	Business e-mail address	Business website address
Name of owner		Number of years owned	Percentage owned %

SECTION B 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 <i>(Please explain.):</i> _____	
UNSPSC codes to be added	Number of full-time employees
UNSPSC codes to be removed	Number of part-time employees

SECTION C AFFIDAVIT *(Required by 25 IAC 9-7-1)*

I affirm, by my signature, that the following statements correctly address issues regarding changes in the circumstances of the certified firm indicated above. *(Please check the appropriate box below.)*

There have been no changes to the enterprise's qualifying members, ownership, control requirements, or any other material change to the information provided in its application form, except for changes about which the enterprise has previously notified the department.

There have been changes to the enterprise's qualifying members, ownership, control requirements, or any other material change to the information provided in its application form. The following changes have taken place: *(Please send in supporting documents for any changes.)*

I affirm, under the penalties of perjury, that all documents previously submitted to the Indiana Department of Administration (hereinafter referred to as "the Department") in support of previous applications for certification as an Indiana Veteran Owned Business Enterprise (IVOSB) are true and accurate to the best of my knowledge.

Further, I realize that the Department is relying on the accuracy of this information in making decisions regarding my certification, and that in the event that documents or other information supplied to the Department are found to be false, inaccurate or untrue, this shall be grounds for my removal from the program pursuant to 25 IAC 9-7-1.

Signature		Date <i>(month, day, year)</i>
Printed name		Title