

**ATTACHMENT 6
DVBE CERTIFICATION FORM**

Please complete only ONE section below.

SECTION A: FIRM IS NOT A DVBE

I, the official named below, certify that the company named below is **NOT** a Disabled Veteran Business Enterprise pursuant to the definition listed in Section 1896.61 of Title 2, and Section 999 of the Military and Veterans Code, California Code of Regulations.

<i>Company Name (Printed)</i>		<i>Federal ID Number</i>
<i>By (Authorized Signature)</i>		
<i>Printed Name and Title of Person Signing</i>		
<i>Date Executed</i>	<i>Executed in the County of _____ in the State of _____</i>	

SECTION B: FIRM IS A DVBE

I, the official named below, certify that the company named below is a Disabled Veteran Business Enterprise pursuant to the definition listed in Section 1896.61 of Title 2, and Section 999 of the Military and Veterans Code, California Code of Regulations.

<i>Company Name (Printed)</i>		<i>Federal ID Number</i>
<i>By (Authorized Signature)</i>		
<i>Printed Name and Title of Person Signing</i>		
<i>Date Executed</i>	<i>Executed in the County of _____ in the State of _____</i>	