



Determination of Disability (Owners)

Small /Minority Business Enterprise (S/MBE) Certification Application

Acceptable Documentation for Person with Disability: An applicant seeking certification as a minority business enterprise pursuant to Conn. Gen. Stat. § 4a-60g(k) which application is based on a disability shall provide documentation pursuant to Conn Regs. § 4a-60h-2 from a licensed physician ("Licensed Physician") that substantiates that the applicant's owner is an individual who (1) has a physical or mental impairment that substantially limits one or more of the individual's major life activities or (2) has a record of such impairment.

INSTRUCTIONS: Licensed Physician must complete all sections below.

To whom it may concern:

_____ meets the eligibility requirements as defined by CGS 4a-60g(8) and as set forth below. Please check the box below to confirm.

☐ The applicant referenced immediately above meets the definition in Conn. Gen. Stat. § 4a-60g(a)(8) for an "Individual with a disability". Conn. Gen. Stat. § 4a-60(a)(8) defines an Individual with a disability as one (A) having a physical or mental impairment that substantially limits one or more of the major life activities of the individual, which mental impairment may include, but is not limited to, having one or more mental disorders, as defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", or (B) having a record of such an impairment.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Printed Licensed Physician Name and License Number

Signature of Licensed Physician

State of _____ **County of** _____ **ss.** _____ **(Town/City)** on this _____ day of _____, 20____, before me, _____ **(name of notary)**, the undersigned officer, personally appeared _____ **(name of individual)** known to me **(or satisfactorily proven)** to be the person whose name is subscribed to the within instrument and acknowledged that **(he, she or they)** executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Signature of the Notary Public

Date Commission Expires:

Printed Name of Notary Public