



CT VOMB -1
 Revised 01/2024

CONNECTICUT VETERAN-OWNED MICRO BUSINESS CERTIFICATION APPLICATION

Pursuant to Conn. Gen. Stat. Section 4a-59 Connecticut Veteran-owned micro businesses are provided a fifteen per cent price preference in the determination of the lowest responsible qualified bidder by the Connecticut Department of Administrative Services (DAS).

ELIGIBILITY: To receive the fifteen per cent price preference, a bidding business must first obtain a Veteran-owned Micro Business certification from the Connecticut Department of Veterans Affairs. The Certification is valid for one year or until such time as the business is no longer in compliance with the statutory requirements, which ever occurs first. When submitting request for renewal all supporting documents are required. The Certification must be submitted to DAS along with your business' state contract bid.

INSTRUCTIONS

1. Complete and sign application form (CTVOMB -1) on second page of this document.
2. Provide proof of honorable military service (e.g. DD Form 214 or other documentation if DD Form 214 is unavailable).
3. Provide proof of current Registration as Business with CT Secretary of the State.
4. Provide documentation establishing the percentage of Veteran ownership of the business.(e.g business plan, operating agreement, meeting minutes, shares report, stock certificate breakdown, tax forms with ownership per cent.
5. Provide proof of annual gross income for most recent fiscal year (e.g. CT state income tax return, audited financial statement).

DEFINITIONS

"Veteran-owned micro business" means a micro business of which at least fifty-one per cent of the ownership is held by one or more veterans, as defined in Conn. Gen. Stat. subsection (a) of section 27-103.

"Micro business" means a business with gross revenues not exceeding three million dollars in the most recently completed fiscal year

SEND APPLICATIONS & SUPPORTING DOCUMENTATION BY MAIL OR EMAIL TO:

Department of Veterans Affairs
 ATTN: Veteran-Owned Micro Business Certification
 287 West Street
 Rocky Hill, CT 06067
 Email: oaa.dva@ct.gov

For Questions regarding the Certification Process contact the Department of Veterans Affairs at 860-616-3685.

For Questions regarding the State Contract Bidding process contact the Department of Administrative Services Procurement Division at 860-713-5095.

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1. Business Information (All Applicants Must Complete This Section)

Registered business name		List any "Doing Business As" names	
Business Primary Mailing Address			
Business Primary Street Address (if different from mailing address)			
Primary Phone Number	Secondary Phone Number	E-Mail	

2. Business Owner(s) Information: (If more then two owners attach additional type written sheet with information)

Business Owner's Full Name	Owner's mailing Address	Owner's Phone & e-mail
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Proof of Honorable Discharge Provided DD 214
 Other: _____

Business Owner's Full Name	Owner's mailing Address	Owner's Phone & e-mail
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Proof of Honorable Discharge Provided DD 214
 Other: _____

3. Percentage of Ownership: (For Each Veteran Business Owner State Name and Percentage of Ownership of Business)

Name: _____ Percentage of Ownership _____ **Provide supporting documentation establishing the percentage of ownership of the business.**

Name: _____ Percentage of Ownership _____

4. Statement of Annual Income: (Micro Business Has Gross Income not Exceeding \$3 Million in most recent Fiscal Year)

Business Annual Income for cal Year _____ was _____ **Provide proof of annual gross income for most recent fiscal year.**

5. Information Verification and Acknowledgment (All Applicants Must Complete This Section)

I/We understand that this application requires supporting documentation including military, business and tax records as the means of determining eligibility for Certification as a Connecticut Veteran Owned Micro Business. Failure to provide the requested information may result in the inability to verify eligibility which will result in the denial and return of this application. By submitting this form, I/We understand that the Department of Veterans Affairs will enroll me in the Connecticut Veterans Registry in order to provide notification as to other Veteran benefits. I/We attest that the information provided in this application and attachments are true and correct to the best of my/our knowledge under penalty of law.

SIGNATURE OF APPLICANT	SIGNATURE OF APPLICANT
DATE SIGNED: _____	DATE SIGNED: _____

6. Certification (TO BE COMPLETED BY CONNECTICUT DEPARTMENT OF VETERANS AFFAIRS)

CERTIFICATION APPROVED Certification Expires: day ___ month ___ year ___ CERTIFICATION DENIED

SIGNATURE & TITLE OF CT DVA VERIFICATION OFFICER	DATE
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Reason for Ineligibility

<input type="checkbox"/> Lack of documentation – Could not verify eligibility <input type="checkbox"/> Did not have qualifying military service. <input type="checkbox"/> Veteran not honorably discharged.	<input type="checkbox"/> Gross Income greater then \$3 Million. <input type="checkbox"/> Business not 51% or more Veteran owned.
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