The State of New Jersey

Department of the Treasury
Division of Revenue and Enterprise Services

State of New Jersey Veteran Owned Business (VOB) Registration Application

Dear Veteran Business Owner;

P.L. 2011, c. 147 requires that State procurement and purchasing agencies give due consideration to Veteran Owned Businesses (VOB) in awarding contracts. Veteran Owned Business (VOB) registration will ensure that your company will be listed in the State's NJSAVI (1) database.

Standards of Eligibility for "Veteran Owned-Businesses"

The state veteran business assistance program's criteria set forth in N.J.S.A. 52:32-49, et seq. ("Veteran-Owned Business Assistance Act") is as follows:

"Veteran" means any citizen and resident of this State now or hereafter honorably discharged or released under honorable circumstances who served in any branch of the Armed Forces of the United States or a Reserve component thereof for at least 90 days and shall include disabled veterans.

"Veteran-owned business" means a business that has its principal place of business in the State, is independently owned and operated and at least 51% of the business is owned and controlled by persons who are veterans.

The Principal Owner must provide copy of their Federal Form DD-214 indicating honorable discharge or release under honorable circumstances.

To become registered as a New Jersey Veteran Owned Business (VOB) and be listed in the NJSAVI database, please complete the attached New Jersey Veteran Owned Business Registration Application.

Sign, notarize and enclose the completed application with a copy of the appropriate DD-214 Form and a non-refundable check or money order in the amount of $100.00 made payable to "NJ Division of Revenue and Enterprise Services". Mail to:

NJ Division of Revenue and Enterprise Services
Business Services Bureau
PO Box 455
Trenton, NJ 08646

(1) NJSAVI (New Jersey Selective Assistance Vendor Information) is a database that identifies businesses that are registered as SBE, VOB and/or certified as a M/WBE with the State of New Jersey, through the Division of Revenue. The NJSAVI database identifies businesses eligible for mandated state programs such as the NJ Small Business Set Aside Program, and aids in matching buyers and vendors for private contracting opportunities.

Should you have additional questions or require assistance in completing this form, it is recommended that you contact the **Business Services Call Center at 1-609-292-2146**

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Type

State of New Jersey Veteran Owned Business Registration Application (VOB)

Firm Name: _____

D/B/A or T/A: _____

Mailing Address: _____

City _____ State: NJ _____ Zip: _____

Provide full address of principal place of business

County: _____ Phone: _____ Fax: _____

E-Mail _____

Website:

Contact Person: _____ ☐ M ☐ F

Title: _____

Federal ID#: _____ Social Security#: _____

DO NOT WRITE IN THIS SPACE

For Agency Use Only

Revenue Receipt Date:

_____

Check #:_____

Referring Agency:

SBA_____NJDOT_____ NJT_____

NY/NJ PA_____SBDC_____OTHER_____

AI Letter Sent Date_____ Int._____

Approved____Date_____ Int._____

Disapproved___Date_____ int._____

ANSWER ALL QUESTIONS AND INCLUDE FEE OR APPLICATION WILL NOT BE PROCESSED

1. Describe the firm's major business operation(s),

_____

2. Please provide the North American Industrial Classification System (NAICS) Code(s) that best describes your business. Visit ***http://www.census.gov/eos/www/naics/*** for code search by keyword. (6 digit codes). **Please provide at least one but no more than six codes should be entered for core business operation only.**

_____ _____ _____ _____ _____ _____

3. Please provide your firm's gross revenue for the last three complete tax years.
   Current Year: $ _____ Last Year: $ _____ Previous Year: $ _____

   3a. Date firm established: _____ Firm Type: _____

4. Is this firm independently owned and operated and at least 51% of the business is owned and controlled by persons who are veterans? ☐ Yes ☐ No

5. Please provide a copy of the **NJ Business Registration Certificate** issued by the Dept. of Treasury, Div. of Revenue for this applicant.

6. Is the applicant's principal place of business in New Jersey as defined by:

   * At least 51% of firm's current employees work in New Jersey supported by paid unemployment taxes
     ☐ Yes ☐ No
   * At least 51% of this firm's business is conducted in New Jersey supported by NJ income and/or business tax returns
     ☐ Yes ☐ No

7. Total number of full time employees including owner(s) _____

An Applicant who fails to comply with specifically requested additional information or documentation shall be considered in non-compliance.

Please provide at least one code in Question #8 and/or #9. All codes are 5 digit codes. Codes should be entered for core business operations, only. Please note that these codes were revised on 9/04.

8. Construction-related industry list **construction craft codes found at** ***http://www.nj.gov/njbusiness/pdfs/constcodes.pdf*** (12 codes maximum)

9. For all other non-construction related industries, list applicable NIGP Commodity Codes/Goods & Services codes.
Codes are located at ***www.state.nj.us/treasury/purchase/commcode.shtml*** (12 codes maximum)

10. Ownership Information

Name of Owner, (s)	Sex	# SharesOwned	% Owned

THIS FORM MUST BE SIGNED, DATED AND NOTARIZED

I attest that this form has been completed as directed and that the information contained herein is true and accurate to the best of my knowledge. I understand that any information willfully falsified or omitted may result in the firm being disbarred from bidding on State contracts for a period of up to two years and subject to prosecution under New Jersey's fraud statutes, with civil or criminal penalties.

_____[1] _____
Signature of President, Owner or Managing Partner Printed Name

Title _____ Date _____ Phone: _____

Executed for (Name of Company) _____

Sworn to me this _____ the day of _____ 20 _____ Notary Seal

Notary Public _____

Return completed registration form, copy of Discharge Form DD-214 and $100.00 non-refundable application fee(check or money order) payable to "NJ Division of Revenue and Enterprise Services" and return to:
NJ Division of Revenue and Enterprise Services, PO Box 455, Trenton, NJ 08648

1 Only the signature of the owner or president of a corporation is acceptable. For a partnership, only a General Partner may sign, the signature of a Limited Partner is not acceptable. For an LLC, the managing member must sign.