



# The State of New Jersey

Department of the Treasury

Division of Revenue and Enterprise Services

## **State of New Jersey Disabled Veteran Owned Business (DVOB) Registration Application**

Dear Disabled Veteran Business Owner;

P.L. 2015, c. 116 requires that State procurement and purchasing agencies give due consideration to Disabled Veteran Owned Businesses (DVOB) in awarding contracts. Disabled Veteran Owned Business (DVOB) registration will ensure that your company will be listed in the State's NJSAVI \* database.

### **Standards of Eligibility for "Disabled Veteran Owned-Businesses"**

New Jersey disabled veteran business assistance program's criteria set forth in N.J.S.A. 52:32-31, et seq. ("Disabled Veteran-Owned Business Assistance Act") is as follows:

"Disabled Veteran" means a resident of this State who is certified by the federal Department of Veterans' Affairs as having any degree of service-connected disability.

"Disabled Veterans-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 disabled veterans or a business which has its principal place of business in this State and has been officially verified by the United States Department of Veterans Affairs as a service disabled veteran-owned business for the purposes of department contracts pursuant to federal law.

The Principal Owner must provide copy of their current Federal Service Disabled Veteran Owned Business Determination Letter issued by the United States Department of Veterans Affairs.

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

**Sign, notarize and enclose the completed application with a copy of the current Federal Service Disabled Veteran Owned Business Determination Letter 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***

\* **NJSAVI** is the New Jersey Selective Assistance Vendor Information database that identifies businesses certified as a Small Business Enterprise (SBE), Veteran Owned Business (VOB), DVOB and/or Minority/Women Business Enterprise under New Jersey Law. Businesses in NJSAVI may be eligible for contracting opportunities with the State. NJSAVI also 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 **SBE/VOB/DVOB/MWBE Service Center at 1-609-292-2146**

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## State of New Jersey Disabled Veteran Owned Business Registration Application (DVOB)

Type \_\_\_\_\_

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 Disabled Veterans?  Yes  No

5. Please provide a copy of the **NJ Business Registration Certificate** issued by the Division of Revenue & Enterprise Services for this applicant. [https://www1.state.nj.us/TYTR\\_BRC/jsp/BRCLoginJsp.jsp](https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp)

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/documents/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](http://www.state.nj.us/treasury/purchase/commcode.shtml)

(12 codes maximum)


10. Ownership Information      Name of Owner, (s)      Sex    # Shares Owned      % 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.***

\_\_\_\_\_<sup>1</sup>      \_\_\_\_\_  
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 current Federal Service Disabled Veteran Owned Business Determination Letter 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**

<sup>1</sup> 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.