

**SUMMARY OF DISABLED VETERAN-OWNED BUSINESS PARTICIPATION**

| COMPANY NAME | NATURE OF WORK | CONTRACTING WITH | TIER | CLAIMED DVBE VALUE \$ | PERCENTAGE OF CONTRACT (%) | OSMB DVBE CERTIFICATION |
|--------------|----------------|------------------|------|-----------------------|----------------------------|-------------------------|
|              |                |                  |      |                       |                            |                         |
|              |                |                  |      |                       |                            |                         |
|              |                |                  |      |                       |                            |                         |
|              |                |                  |      |                       |                            |                         |
|              |                |                  |      |                       |                            |                         |
|              |                |                  |      |                       |                            |                         |
|              |                |                  |      |                       |                            |                         |
|              |                |                  |      |                       |                            |                         |
|              |                |                  |      |                       |                            |                         |
|              |                |                  |      |                       |                            |                         |

I declare under penalty of perjury, under the laws of the State of California, that the information herein is true and correct to the best of my knowledge.

Executed on: \_\_\_\_\_, at \_\_\_\_\_ in the state of \_\_\_\_\_.  
Date City State

\_\_\_\_\_  
Signature of Contractor or Authorized Agent

\_\_\_\_\_  
Project Name

\_\_\_\_\_  
Project Number

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Firm Name

( ) \_\_\_\_\_  
Telephone