



Maryland Department of Veterans Affairs
**VERIFICATION OF VETERAN STATUS**

**INSTRUCTIONS** – The small business owner seeking veteran verification for participation in Maryland’s Veteran-Owned Small Business Enterprise (VSBE) Program shall complete SECTIONS A, B & C. Mail the completed form, along with acceptable documentation (copy only), to the address noted at the bottom of the form. Retain a copy for your records.

**SECTION A - Veteran Information**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

LEGAL NAME OF BUSINESS SEEKING CERTIFICATION IN MARYLAND’S VSBE PROGRAM: \_\_\_\_\_

**SECTION B- Veteran Status**

I, \_\_\_\_\_ certify the following (check the box that applies):

- Meet the federal active duty requirement to be a veteran.
- Was discharged or released from active duty in the US Armed Forces of the United States and have a service-connected disability.

**SECTION C – Veteran’s Sworn Statement**

I swear, under penalty of perjury, that I have examined this certificate and to the best of my knowledge and belief, it is a true, correct statement.

Veteran’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Table with 2 columns: 'Acceptable Documentation' and 'Proof of veteran status requires a COPY of one of the following: DD214, DD215, Discharge Papers, or a copy of the United States Department of Veterans Affairs Rating Decision. Send a copy only. Do not send original.'

***This section to be completed by the Maryland Department of Veterans Affairs only.***

I certify that the above individual is a (select one): MDVA Number: \_\_\_\_\_

- Veteran in accordance with Title 38 USC.
- Disabled veteran in accordance with the Code of Federal Regulations.
- Not a veteran.

Printed name

Signed Name
Benefits & Services Director/Designee

Date

Maryland Department of Veterans Affairs
ATTN: Director of Benefits and Services
31 Hopkins Plaza, Room 3020
Baltimore, Maryland 21201