



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: _____

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: _____

Name of business entity seeking certification in Maryland’s VSBE Program:

Acceptable Documentation	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. <i>Send a copy only. Do not send original.</i>
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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