



# STATE PUBLIC WORKS DIVISION CERTIFICATION FORM

VETERAN PREFERENCE NRS 338.1384 et seq.



## PERSON APPLYING FOR PREFERENCE

Name:

Home Address:

Street Number:

City, State and Zip Code:

Phone No.:

## VETERAN INFORMATION

Business owned by a Veteran with a service-connected disability, is defined in NRS 338.13841 and means a business (1) of which at least 51% of the ownership interest is held by one or more veterans with a service-connected disability; (2) That is organized to engage in commercial transactions; and (3) that is managed and operated on a day-to-day basis by one or more veterans with service disabilities. The term includes a business which meets the above requirements that is transferred to the spouse of a veteran with a service-connected disability upon the death of the veteran, as determined by the United States Department of Veterans Affairs.

Veteran's Name:

VA claim No.:

Veteran's Branch of Service:

Percentage of disability:

Is the claim being made by the Veteran or the spouse of Veteran?

## LOCAL BUSINESS INFORMATION

Local Business is defined in NRS 333.3363, "Employs at least one person in the State and has employed at least one person in this State for not fewer than 2 years".

Local Business Name:

Local Business address:

Phone No.:

City, State, Zip code:

Fax No.:

Nevada Contractor's license No.:

License Classification:

The applicant acknowledges that if the State Public Works Division determines that a business had made a material misrepresentation or otherwise committed a fraudulent act; the business will be permanently prohibited from bidding public work of this State.

I declare under penalty of perjury that all of the information provided in this certificate is true, complete and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_