



State of Missouri  
Office of Administration

## Missouri Service-Disabled Veteran Business Enterprise (SDVE) Recertification Application (form date: 11/16/2022)

In order to avoid disruption in Missouri SDVE certification, the SDVE must submit this SDVE recertification application within the month of the SDVE's Missouri certification anniversary and submit to [OEO@oa.mo.gov](mailto:OEO@oa.mo.gov). This recertification is required every three (3) years in Missouri by the Office of Administration in order to maintain SDVE eligibility status.

<b>Business Name of SDVE:</b>	
<b>Complete Business Mailing Address:</b>	
<b>E-mail Address:</b>	<b>Telephone Number:</b>
<b>Web Address (if available):</b>	
Please describe the general area of products/services which the SDVE provides; however, this shall not limit the vendor's ability to market additional products and services to the State. (Note: The description listed here will be used on the website.)	
<p><b>By signing this document, I certify that I meet the requirements of a Service-Disabled Veteran (SDV) and my business meets the requirements of a Service-Disabled Veteran Business Enterprise (SDVE) as defined in Missouri State Statutes(section 34.074 RSMo). I further certify that I meet the standards of a qualifying SDVE in accordance with state regulations (1 CSR 40-1.050) which states:</b></p> <p>Doing business as a Missouri firm, corporation, or individual or maintaining a Missouri office or place of business, not including an office of a registered agent;</p> <p>Having not less than fifty-one percent (51%) of the business owned by one (1) or more service-disabled veterans (SDVs) or, in the case of any publicly-owned business, not less than fifty-one percent (51%) of the stock of which is owned by one (1) or more SDVs;</p> <p>Having the management and daily business operations controlled by one (1) or more SDVs; and</p> <p>Possessing the power to make day-to-day as well as major decisions on matters of management, policy, and operation.</p>	
<b>Have there been any changes to the company's ownership in the past three years?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes*	
<b>*If yes, please explain by providing detailed documentation, such as a signed copy of the Operating Agreement and/or the Articles of Incorporation.</b>	

Service-Disabled Veteran's Name (Please Print)

Date

Service-Disabled Veteran's Signature