



California Department of Veterans Affairs (CalVet)

Disabled Veteran Business Enterprise (DVBE) Advisory Council

Application for Membership

Membership Overview

The purpose of the CalVet DVBE Advisory Council (Council) is to provide California's DVBE community a united voice to the State and business community, ensuring veterans can equitably and effectively access state contracting opportunities. The Council's role is to ensure DVBE participation in State agency contracts, to disseminate information regarding specific CalVet and Department of General Services (DGS) projects and programs and to provide a venue for interactive discussions with interested parties.

The Council shall have twenty-five (25) primary members. Eighteen members shall be California Certified DVBEs and seven members shall be from the DVBE, veteran and business community at large.

An applicant must be either a California certified DVBE, a veteran affiliate organization, or a business and must support the DVBE community. Members serve a two-year term with the option to apply for additional successive terms.

Council members serve at the pleasure of the Secretary of CalVet or their designee.

The DVBE Advisory Council is not a policy making body. The role of the Council is advisory only and members do not bring their affiliations to Council meetings. Members must strive to recommend action to benefit the DVBE program as a whole.

Members shall not represent themselves as speaking or acting on behalf of the Council or CalVet or DGS.

Members are the voice of their business or affiliation and will bring their concerns to the council and in turn carry the message back to their business or affiliation.

Primary Member Information

Date: _____

Name _____

Street Address _____

City _____ State _____ Zip _____

Name of Business or Affiliation _____

Type of Business or Affiliation _____

Street Address _____

City _____ State _____ Zip _____

Work Telephone _____ Fax _____ Mobile _____

Email _____ Website _____

DVBE Certification Number (if applicable) _____ Expiration Date _____

Person to Notify in Case of Emergency

Name _____

Relationship _____ email _____

Work Telephone _____ Mobile _____ Other _____

Membership Request Summary

Please provide written information below to assist in evaluating your application. Tell us why you want to join the Council and what specific knowledge or experience you and your business or affiliation would bring to serve California's DVBE Community.

Primary Member Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Primary Member's Name (printed)

Signature _____ Date _____

Alternate Member Information

Before an application can be considered complete each Council member is required to nominate one alternate for their position. The alternate will represent the business or affiliation in the absence of the primary member.

Name _____

Street Address _____

City _____ State _____ Zip _____

Name of Business or Affiliation (if different from Primary Member)

Type of Business or Affiliation _____

Work Telephone _____ Fax _____ Mobile _____

Email _____ Website _____

DVBE Certification Number (if applicable) _____ Expiration Date _____

Person to Notify in Case of Emergency

Name _____

Relationship _____ email _____

Work Telephone _____ Mobile _____ Other _____

Alternate Member Agreement and Signature

I affirm that the facts set forth in the Alternate Member portion of this application are true and complete. I understand that if I am accepted, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Alternate Member's Name (printed) _____

Signature _____ Date _____

Mail this application to: Robert Beamer, P.O. Box 942895, Room 105, Sacramento, CA 94295, or Email: (robert.beamer@calvet.ca.gov), or Fax: 916.653.2563

If you have any questions please contact Robert Beamer at:
robert.beamer@calvet.ca.gov or call 916 503.8375