



## BUSINESS DEVELOPMENT DIVISION

400 East South Street ■ Reply To: Post Office Box 1393 ■ Orlando, Florida 32802-1393  
(407) 836-8363 ■ (407) 246-5221 ■ <http://www.orangecountyfl.net>

### Service-Disabled Veteran Registration

DATE: \_\_\_\_\_

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

RE: Service Disabled Veteran (SDV) Registration

Please complete and return the attached Registration. **Include the most current true copies of:**

- 1) Most current copy of the State of Florida Service-Disabled Veteran Certificate
- 2) Most current copy of the Local Business Tax License
- 3) Professional License of Owner if applicable

**Please do not submit an incomplete package. Incomplete packages delay registration.**

Forward these documents to:

Orange County Business Development Division  
P. O. Box 1393  
400 E. South Street, 2<sup>nd</sup> Floor  
Orlando, FL 32802-1393

This registration should arrive within fifteen calendar days of the expiration of your current State of Florida certification. **Processing of your paper work will take at least 3 business days.**

If you have any questions concerning this registration or any questions concerning your Service-Disabled Veteran status, **contact Business Development at (407) 836-8363**. Fax number is **(407) 246-5221**.

**If you are a registered Orange County vendor, then your registered firm will be listed in our M/WBE (SDV) directory.** You may register at our web address: [www.orangecountyfl.net](http://www.orangecountyfl.net) and update your contact information. After you have registered, then you are automatically notified by Orange County Purchasing division about upcoming projects. Notify us immediately of any company changes during the registration period (change of location, telephone numbers, legal form of business, ownership, management, etc).

**ORANGE COUNTY, FLORIDA**  
**Registration for Service-Disabled Veteran Business Program**

1. **Registration ENTITY:** Orange County Vendor Number: \_\_\_\_\_
2. **NAME OF FIRM:** \_\_\_\_\_
3. **ADDRESS OF FIRM:** \_\_\_\_\_  
 (STREET & NO.) (CITY) (STATE & ZIP)
4. **MAILING ADDRESS:** \_\_\_\_\_  
 (STREET & NO.) (CITY) (STATE & ZIP)
5. **BUSINESS TELEPHONE NUMBER(S):** ( ) \_\_\_\_\_ **FAX #:** ( ) \_\_\_\_\_
6. **E-MAIL ADDRESS:** \_\_\_\_\_
7. **WEB PAGE ADDRESS:** \_\_\_\_\_
8. **CONTACT PERSON:** \_\_\_\_\_
9. **EMPLOYER/FEDERAL I.D. NUMBER OR SOCIAL SECURITY NUMBER OF OWNER:** \_\_\_\_\_
10. **TYPE OF OWNERSHIP: (CHECK ONE)**  
 CORPORATION  LLC  PARTNERSHIP  SOLE PROPRIETORSHIP
11. **Date started** \_\_\_\_\_

12. **LIST CURRENT OWNER(S) NAMES AND PERCENTAGE OF OWNERSHIP OF LEGAL REPRESENTATIVE:**

NAME & TITLE	% OF OWNERSHIP
1.	
2.	
3.	
4.	

13. **INDICATE THE NATURE OF YOUR BUSINESS:** HAS THE NATURE OF YOUR BUSINESS CHANGED?  YES  NO  
 IF YES, SPECIFY ANY CHANGES THAT HAVE OCCURRED (SCOPE OF SERVICES, LOCATION, LEGAL FORM OF BUSINESS, OWNERSHIP AND MANAGEMENT, ETC) SINCE RECEIVING YOUR CERTIFICATION.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. **NUMBER OF FULL TIME EMPLOYEES** \_\_\_\_\_

**Signature** \_\_\_\_\_

**RETURN COMPLETED REGISTRATION AND ATTACHMENTS TO:**  
 Orange County Business Development Division  
 P. O. BOX 1393 ORLANDO, FLORIDA 32802-1393  
 (407) 836-8363 or (407) 246-5221 FAX