## **Appendix B – Template to Prove Company is a Veteran Owned Business** (VOB)

** This letter is not valid u	unless presented on company letterhead **
Date:	
	is employed by , which is a veteran owned business.
following requirements:  You served on a You were honora At least 51% of y	tting certified as a Veteran-Owned Small Business (VOB) is to make sure you meet the ctive duty with the Army, Air Force, Marines, Navy, or Coast Guard. ably discharged or released. Four business is veteran-owned. avolved in managing the company and its daily operations.
By signing this document accurate to the best of yo	t, the supervisor is attesting that the information provided on this form is true and our knowledge.
Supervisor Name:	
Supervisor Title:	
Supervisor Signature:	Date: