



THIRD PARTY REPRESENTATION

At the National Veteran Business Development Council (NVBDC), we recognize and respect the importance of privacy. Personal information that we collect is kept confidential to the extent provided by law. In accordance with the Privacy Act and applicable confidentiality statutes, the NVBDC will only disclose the information in its custody or control in the following circumstances: where disclosure of the information is required by law; or where the disclosure is otherwise legally permitted, including release for a purpose compatible with the purpose for which it was collected. By law, the NVBDC must have your written permission (an "Agreement") to use, share or communicate your personal and or company information for any purpose that is not permitted by all applicable legal authorities. You may revoke your written permission at any time, except if the NVBDC has already acted based on your permission.

Notice to Veteran : This document is used to have an individual and or company obtain your personal and or corporate documents to apply for certification with the (NVBDC). By signing this form, you (the Veteran) agree to allow the NVBDC and the "Third Party" named below to share information through the certification process. This information may include (but is not limited to) social security number(s), spouses name, name of dependent(s), VA Benefits, employees, payroll figures and legal information to complete the certification process. Once the NVBDC has obtained all the required information, is when the actual review and certification process begins, not prior to. PLEASE DO NOT SEND ANYONE YOUR COPY OF DD FORM 214, doing so violates NVBDC Policy and may affect your certification.

VETERAN SIGNATURE IS REQUIRED ON THIS DOCUMENT. ONLY ONE VETERAN SIGNATURE PER DOCUMENT.

INSTRUCTIONS: Please complete this form in order for the National Veteran Business Development Council (NVBDC) to release your personal and or Company information to the third party named below.

(1) Veteran Owned Business (VOB) Information

Company:		
Address #1:	Address #2:	
City:	State:	Zip Code:
Company Phone:	Company Fax:	

(2) Veteran Represented

NAME OF VETERAN: (First, Middle Initial, Last)	SSN Last Four
DATE OF BIRTH:	Veteran Signature X
Best Phone:	Email:

(3) Third Party Company Information

Company Name:	Contact Name:	
Address #1:	Address #2:	
City:	State:	Zip Code:
Company Phone:	Company Fax:	
Contact Mobile #	Contact Email:	

What if I change my mind?

If you change your mind and do not want the NVBDC to use, share or communicate your personal and or company information, you must notify us in writing, or by telephone at (313) 446-6885 or email us at certification@nvbdc.org. Upon notification from the veteran, the NVBDC will no longer use, share or communicate your personal or company information (except for the information the NVBDC has already used, shared or communicated based on your permission).

Please have this form NOTARIZED and upload a copy with your application or email it to certification@nvbdc.org. You must send this ORIGINAL and any attachments to the NVBDC at the address below.

National Veteran Business Development Council

7205 Sterling Ponds Ct, Sterling Heights, MI 48312

In the State of _____ County of _____ On this date _____

Before me _____ (name) the undersigned Notary Public, personally appeared

_____ (name) personally known to me, or proved to me on the basis of satisfactory evidence, to be the person(s) whose name(s) is/are subscribed to the instrument within, and acknowledged to me that he/she/they executed in the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on this instrument, the person(s) of this entity upon which the person(s) acted, executed the instrument.

WITNESS my hand and official seal:

Notary Public _____

Commission Expires _____ Seal _____