



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) POST-CONTRACT CERTIFICATION

Agreement Number: _____

Prime Contractor Name: _____

Pursuant to Mil. & Vet. Code § 999.5(d), this certification must be completed by all prime contractors who entered into a subcontract with a DVBE, upon completion of an awarded contract for which a commitment to achieve a DVBE goal was made.

The contractor identified above must provide and certify the information below and must send this form to the Administrative Services Department at the San Diego Superior Court ***within sixty (60) days of receiving final payment under the Agreement.*** Failure to return this form as required constitutes a breach of the Agreement.

1. Total amount the prime contractor received under the Agreement: \$ _____
2. List the name and address of each DVBE subcontractor to which the prime contractor subcontracted work in connection with the Agreement and the amount each DVBE subcontractor received (*attach additional sheets if necessary*):

Subcontractor Name and Address	Amount Received from Contractor
Name: Address:	\$
Name: Address:	\$
Name: Address:	\$
Name: Address:	\$

Contractor certifies that the information above is accurate, and that all payments under the Agreement have been made to the applicable DVBE subcontractor(s).

Date: _____

Type or print name/title

Signature

Send completed form to: San Diego Superior Court
Attn: Administrative Services Department
330 West Broadway, Room 357
San Diego, CA 92101