

Central Procurement Office

Governor's Office of Diversity Business Enterprise

312 Rosa L Parks Ave, Nashville, TN 37243 • (615) 256-4634

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Disability Affidavit

The Disability Affidavit is used to certify "Disability" as the basis of eligibility for an individual to participate in the Governor's Office of Diversity Business Enterprise Program administered by the State of Tennessee diversity business program.

According to Tennessee Code Annotated, §12-3-1101, a "business owned by a person with a disability" means following:

"Business owned by persons with disabilities" is a continuing, independent, for-profit business that performs a commercially useful function, and is at least fifty-one percent (51%) owned and controlled by one (1) or more persons with a disability; or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned and controlled by one (1) or more persons with a disability and whose management and daily business operations are under the control of one (1) or more persons with a disability."

"Person with a disability" means an individual who meets at least one (1) of the following:

- (A) Has been diagnosed as having a physical or mental disability resulting in marked and severe functional limitations that is expected to last no less than twelve (12) months;
- (B) Is eligible to receive social security disability insurance (SSDI); or
- (C) Is eligible to receive supplemental security income (SSI) and has a disability as defined in subdivision (XA);

Certification

I certify that _____ (Name of Applicant) meets the definition of "a person with a disability" as defined in Tennessee Code Annotated, Title 4 and Title 12.

I further certify that I am the applicant's treating physician. I am licensed to practice medicine in the State of Tennessee.

I understand that the State of Tennessee, Department of General Services, Governor's Office of Diversity Business Enterprise is relying upon this certification as part of its review and approval process, and that should it be determined that this certification is materially false or incomplete or incorrect or includes incorrect, false or misleading, information, appropriate enforcement action will be taken.

I declare under penalty of perjury that the foregoing is true and correct.

Signature

Physical Address

Printed Name

City, State, Zip Code

License Number

Phone Number

Date

Verified By _____