

CERTIFICATION APPLICATION

TO THE APPLICANT:

This application is for certification of a majority or wholly-owned Indian Business Enterprise interested in providing their services and/or products via contracting opportunities under the purview of the ____ Tribal Employment Rights Office as provided for by the Indian Self-Determination and Education Assistance Act (P.L. 93-638) and other applicable federal and tribal laws.

Certification of Indian Business Enterprises is designed to: (1) verify that the applicant is an Indian; (2) that the applicant is the majority owner of the business; and (3) that the applicant is the primary beneficiary of the business being certified. Documentation and information required is essential to fulfill the criteria. Any deliberate or intentional effort to misrepresent the ownership of the business applying for certification will result in exclusion of contract opportunities by the TERO program of the ____.

Date you started business: ____/____/____ Date acquired majority ownership: ____/____/____

2. BUSINESS REGISTRATIONS, CERTIFICATIONS, LICENSES AND BONDING

Federal Identification No: _____ State Identification No: _____

Construction Contractor's Board ("CCB") License No (Attach copy): _____
(including electrical, plumbing, landscaping, welding, engineering, etc. List other professional licenses)

Certification with any state Minority Business Enterprise, Women Business Enterprise, Disadvantaged Business Enterprise, or Emerging Small Business program. If so, please provide copy of certification approval.

State(s) Certified: _____

Small Business Administration 8(a) Certification No.: _____ Exp. _____
Provide copy of certification approval.

Corporation No. (if applicable): _____ State(s) _____

Tribal Business License No.: _____ Tribe(s): _____

Has your business ever been denied certification with any of the above? Yes No
If yes, please provide brief explanation of action. _____

Bonding: Name of Surety company/agent: _____

Contact Person: _____ Telephone No.: _____

Bonding Limit: \$ _____ Bonding Capacity (attach proof): \$ _____

Insurance Coverage: Name of Insurance Company: _____

Agent: _____ Telephone No.: _____

Amount and Type of Coverage: _____

Number of employees for the business, including owner(s): Full-time_____ Part-Time _____

Number of Indian employees: Full-time _____ Part-time _____

3. FINANCIAL STATEMENTS AND TAXES

The following financial information of the firm is a requisite for certification:

BALANCE SHEETS: Submit the most recent year-ending balance sheet indicating the total assets, liabilities, and equity of the company.

INCOME STATEMENTS: Submit the most recent quarterly profit/loss statement of the company, indicating revenues/sales, expenses (including salaries and fringe paid to each owner), gross and net profit, and distribution of such profit.

ANCILLARY COMPENSATION: List any management fee, bonuses, reimbursements, expenses, or other arrangements of payment distributed between the Indian and non-Indian owners beyond their share of profits and salaries.

TAXES: Please submit a complete copy of the owner(s) or firm's federal tax returns for the past three (3) years if this is your initial certification with TERO. For an owner or firm already certified by TERO and who is providing an annual update please submit the most recent complete tax filing.

Sole – Proprietor: From 1040 (Schedule C, Profit or Loss from business)

Partnership: Form 1065 and all applicable schedules and attachments.

Corporation: Form 1120 or 1120S and all applicable schedules and attachments.

4. ADDITIONAL INFORMATION AND DOCUMENTATION

The following information is required to complete the review of the certification application of the firm.

CORPORATIONS: List all officers, directors, and key employees.

Name/Title	Enrolled Indian	Years w/Company	Annual Salary
_____	ف Yes ف No	_____	_____

_____	Yes	No	_____	_____
_____	Yes	No	_____	_____
_____	Yes	No	_____	_____
_____	Yes	No	_____	_____

If additional space is needed, please continue on separate sheet.

- Articles of Incorporation and all subsequent amendments
- Copy of state incorporation certificate(s)
- Most recent Annual Report
- Copy of Corporate By-Laws
- Resumes of Principals of the Corporation

PARTNERSHIPS: List all managers and members.

Name	Enrolled Indian	Years w/Company	Title
_____	Yes No	_____	_____
_____	Yes No	_____	_____
_____	Yes No	_____	_____
_____	Yes No	_____	_____

If additional space is needed, please continue on separate sheet.

- Agreements of partnerships (buy-outs, profit-sharing, contributions, etc.)
- Resumes of all partners showing education, training, and employment.
- Proof of capital invested.

5. CERTIFICATION AFFIDAVIT

I do solemnly declare and affirm that the contents of the foregoing documents are true and correct and include all information necessary to identify and explain the operation of _____ (Insert name of firm), as well as the ownership thereof. The undersigned, in addition, swears that this business is at least 60% owned by one or more members of a federally recognized Tribe whose management and daily business operations are controlled by one or more such individuals.

Any material misrepresentations will be grounds for denial or revocation of certification by the TERO of the _____.

Signature of owner/applicant: _____

Name (please print): _____

Title: _____ Date: _____