

# *Tribal Employment Rights Office*

*-Pacific Northwest Region-*

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## **Re-Certification Application** Native American Owned Business

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### *TO THE APPLICANT:*

This application is for certification of a majority or wholly-owned Native American business interested in providing their services and/or products via contracting opportunities under the purview of the Lummi TERO program as provided for by the Indian Self-Determination and Education Assistance Act (P.L. 93-638), specifically 7(b), and other applicable federal and tribal laws.

Prescription of preference for Native American-owned businesses is applied accordingly by the discretion of each Tribe participating in the regional certification process. Each certified applicant is encouraged to understand the respective preference guidelines of each Tribe to determine their eligibility and to identify viable opportunities for their business.

Certification of Native American-owned businesses is designed to: 1) Verify that the applicant is Native American; 2) That the applicant is majority owner, if not 100%, 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 programs of Pacific Northwest Region.

**NAOB Re-Certification Checklist**

**Company Name** \_\_\_\_\_

**Owner Name** \_\_\_\_\_

- **NAOB Application**
- **Lummi Nation Business License (If Applicable)**
- **Last years of Tax documents (Business)**  
**(Form 1120S schedule k-1 worksheet)**
- **Certificate of Insurance / Bonding (If applicable)**

***APPLICATION FOR RE-CERTIFICATION***  
**Native American Businesses**  
***Pacific Northwest Region TERO***

**1. Name of firm:** \_\_\_\_\_

Corporation name (if applicable): \_\_\_\_\_

Name of Principal Owner: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Residential Address (of owner): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Web site: \_\_\_\_\_

Owner's full name: \_\_\_\_\_ Title: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_

ID Submitted (attach copy):      Tribal Enrollment Card \_\_\_\_\_ CIB \_\_\_\_\_ ANCSA \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

**2. Legal Structure:**     Sole Proprietorship       Partnership       Corporation

Summary of Business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project accomplished/still in progress for the year			
Name/Location of Project	Type of work	Start/End Date	Dollar Value
_____	_____	_____	_____
_____	_____	_____	_____

# 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 \_\_\_\_\_ (name of firm), as well as the ownership thereof. The undersigned, in addition, swears that this business is at least 51 percent 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 misrepresentation will be grounds for denial or revocation of certification by members of the TERO programs of the Pacific Northwest Region.**

Signature of owner/applicant: \_\_\_\_\_

Name (please print/type): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me appeared applicant \_\_\_\_\_, who being duly sworn did execute the foregoing affidavit, and did state that she/he was properly authorized by \_\_\_\_\_ (name of firm) to execute the affidavit and did so as her/his free act and deed.

**Notary Seal here**

State of: \_\_\_\_\_

Notary Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_