**CHECK LIST FOR INDIAN PREFERENCE FIRMS**

1. Verification of enrollment of federally recognized tribe.
2. Copy of company Insurances with owner’s name(s).
3. Copy of an updated Blackfeet Tribal Business License.
4. Proof of ownership (copy of taxes or letter from bank).
5. Copy of vehicle registration/insurance.
6. Cover letter (Should include information requested in Section III Management A, 1-7).

\*All parts of the application must be filled out and all attachments

must accompany application. If it does not apply to you then put

NA (not applicable) so that I know that you have seen the question.

\*Should you use your SS# for tax purposes, please present proof of

your SS# at intake so that it may be verified. The Blackfeet TERO does

not keep a copy anyone’s SS# on file.

\*Incomplete Applications will not be accepted.

**Receive Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(T.E.R.O. Official Use Only)**



**BLACKFEET TERO**

**APPLICATION FOR CERTIFICATION AS**

**AN INDIAN PREFERENCE FIRM**

1. **Firm Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Firm name must match the name on the Blackfeet Tribal Business License)

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone (Business): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Federal Identification Number (EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Business was Established: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Employees: \_\_\_\_\_\_\_\_\_\_\_ Number of Indian Employees:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 100% Indian Owned Certification**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 51% Indian Owned Certification**

**Type of Business (Check all that apply) (Type of services will be posted in Catalog).**

**Residential Construction Flooring Drilling Crusher**

**Carpentry Plumbing HVAC Painting**

**Dirt Work Surveying Fire Suppression Weed Spraying**

**A & E Cultural Consultant Landscaping Fencing**

**Water & Sewer Oil & Gas Services Welding Roofing**

**EPA Consulting Building Construction Road Construction**

**Concrete Hydro Seeding Gravel**

**Trucking Logging Traffic Safety**

1. **OWNERSHIP**
2. **Type of Ownership (Check One)**

 **Sole Proprietorship Partnership Corporation LLC Other**

1. **Percent of Indian Ownership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **For each Indian owner to provide name, address, tribal affiliation, enrollment #, percent of ownership, amount of investment in the firm, method of investment, (cash, equipment, loan or promissory note indicating who the loan is from, percent of voting control and position in the firm.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indian Owners:** |  |  |  |  |
| **Name** | **Address** | **Title Within Firm** | **Tribal Affiliation** | **Enrollment #** | **% of Ownership** | **Amount of Investment**  | **Method of Investment**  | **% of voting percentage** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**d. For each non Indian owner, list name, address, percent of ownership amount of investment in firm, method of investment (cash, equipment, loan or promissory note indication who the loan or note is from, percent of voting control, position in firm, name of all other firms owner holds in other than publicly-held corporations and similar ownerships solely for investments, or a management position in.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Non-Indian Owners:** |  |  |  |  |
| **Name** | **Address** | **Title Within Firm** | **Tribal Affiliation** | **Enrollment #** | **% of Ownership** | **Amount of Investment $** | **Method of Investment**  | **% of voting percentage** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**II. Management**

1. **For each owner of more than 50% interest, all senior management.**

**personnel and members of the Board of Directors provide the following:**

**1. Name, address, and proof of social security number. If Indian, tribe and enrollment number. (Fill in chart below)**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Enrollment #** |
|  |  |  |
|  |  |  |

 **2. Present position (description of all duties). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Previous business experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Previous work experience in areas in which firm intends to engage. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Other previous work experience. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Education and training. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Other jobs presently held.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Control of Company. Identify by name, race, sex and title on company those individuals (owners and non-owners) who are responsible for day-to-day management, including, but not limited to those with prime responsibility for:**

 **1. Financial decisions. (Fill in chart below)**

 **2. Management decisions, such as: (Fill in chart below)**

* + 1. **Marketing and sales;**
		2. **Hiring and firing;**
		3. **Purchase of major equipment of supplies:**
		4. **Supervision of field personnel.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Responsibility** | **Name** | **Title**  | **Indian and Non-Indian** |
| **Financial Decisions** |  |  |  |
| **Marketing and sales** |  |  |  |
| **Hiring and Firing** |  |  |  |
| **Purchasing of major equipment** |  |  |  |
| **Supervision of Field Personnel** |  |  |  |

1. **Capital**
	1. **Name of Bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	2. **Identify amount and source of original and present capital (e.g., contributed by owner, bank loan, if loan, indicate name(s) of those legally bound to repay if other than corporation). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**INDIAN PREFERENCE FIRM**

**OWNED EQUIPMENT INVENTORY**

Attach all copies of titles, registration, and insurances in the company and/or owner name.

 **ITEM DESCRIPTION PURCHASE BOOK VALUE SERIAL #**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.**  | $  | $  |  |
| **2** | $  | $  |  |
| **3.**  | $ | $  |  |
| **4**.  | $  | $  |  |
| **5**.  | $  | $  |  |
| **6.**  | $  | $  |  |
| **7.**  | $ | $  |  |
| **8.** | $ | $ |  |
| **9.** | $ | $ |  |
| **10.** | $ | $ |  |
| **11.** | $ | $ |  |
| **12.** | $ | $ |  |
| **13.** | $ | $ |  |
| **14.** | $ | $ |  |
| **15.** | $ | $ |  |
| **16.** | $ | $ |  |
| **17.** | $ | $ |  |
| **18.** | $ | $ |  |
| **19.** | $ | $ |  |
| **20.** | $ | $ |  |
| **21.** | $ | $ |  |
| **22.** | $ | $ |  |
| **23.** | $ | $ |  |
| **24.** | $ | $ |  |
| **25.** | $ | $ |  |

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

Signature of Company Official Date

**LEASED EQUIPMENT INVENTORY**

Attach all copies of lease agreements.

**Item Description Serial # Leased from Where**

|  |  |  |
| --- | --- | --- |
| **1.**  |  |  |
| **2.**  |  |  |
| **3.**  |  |  |
| **4.**  |  |  |
| **5.**  |  |  |
| **6.**  |  |  |
| **7.**  |  |  |
| **8.** |  |  |
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| **11.** |  |  |
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| **17.** |  |  |
| **18.** |  |  |
| **19.** |  |  |
| **20.** |  |  |
| **21.** |  |  |
| **22.** |  |  |
| **23.** |  |  |
| **24.** |  |  |
| **25.** |  |  |

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

Signature of Company Official Date

**3. CERTIFICATION**

**I hereby certify that the information provided in this application is true and complete to the best of my knowledge and belief. I further hereby certify that I have read the applicable TERO ordinances, criteria and procedures and do hereby submit to the jurisdiction provided for therein.**

**Name of Firm:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(signature)**

**Name (please type of print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title (please type or print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**