



**NISQUALLY INDIAN TRIBE
TRIBAL EMPLOYMENT RIGHTS OFFICE**

**APPLICATION FOR CERTIFICATION AS
NATIVE AMERICAN OWNED BUSINESS**

TO THE APPLICANT:

The purpose of this application is to identify Native American Owned Businesses that qualify for Native American preference in contracting and sub-contracting under Nisqually Tribal Code, Title 42; Tribal Employment Rights Ordinance (TERO).

Certification of Native American Owned Businesses is designed to verify that the business applying for certification is at least 51% owned, controlled, and managed by Native Americans.

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 Nisqually TERO Office.

1. BUSINESS INFORMATION

Name of Firm: _____
Business Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
Email: _____ Website: _____
Type of Business: _____ Fax: _____
Business description: _____

Tribal Affiliation: _____ Enrollment Number: _____

2. BUSINESS REGISTRATIONS, CERTIFICATIONS & LICENSES

State ID #: _____ Federal ID #: _____
Contractor's License #: _____ Business License #: _____

Certification with State Office of Minority and Women Business Enterprise (OMWBE), Disadvantaged Business Enterprise (DBE), Women Business Enterprise (WBE) or Emerging Small Business (ESB) program must provide a copy of your certification approval.

State(s) Certified: _____

Small Business Administration (SBA) 8a certification No. : _____
Must provide a copy of certification approval.

Number of employees, including owner(s): _____ Number of native American employees: _____
Has business license been revoked at any time in the last five years? _____ (If yes, explain on separate sheet)
Has contractor filed bankruptcy within the last ten years? _____

3. OWNERSHIP

Type: Sole Proprietor: _____ Partnership: _____ Corporation: _____ Other: _____
Interest: 100% _____ If not 100%, list percentages: _____

For each Native American owner, provide name, address, Tribal Affiliation, Enrollment Number; 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.

Provide a listing of individuals and organizational structure of your firm's management team along with resumes for all key personnel including; Owners, Board of Directors, CEO, General Manager, and all personnel involved in the day-to-day management of the business.

4. ACKNOWLEDGEMENT

I certify that all statements made on this application for certification as a Native American Owned Business are true, complete and correct to the best of my knowledge. I also solemnly declare and affirm that this business is at least 51% owned, controlled, and managed by one or more members of a federally recognized Tribe. I hereby grant permission to the Nisqually Indian Tribe and its TERO office to confirm by personal inquiry or otherwise, the information given on this application. I understand that any willful misrepresentation of facts given during this process is grounds for rejection of this qualification for Native American preference certification or dismissal if employed. I release all persons connected with any requests for information from all claims, liability, and damages for whatever reason arising out of furnishing the information.

Signature of owner/applicant: _____

Name (Please Print): _____

Title: _____ Date: _____

TERO USE ONLY:

Approved Native American Preference

Denied Native American Preference

TERO Approval: _____ Date: _____