



TULALIP TERO
6406 MARINE DR, TULALIP, WA 98271

Phone (360) 716-4747 Fax (360) 716-0616

NATIVE OWNED BUSINESS RE-CERTIFICATION

1. Business Identification Construction Non-Construction

Name of Owner : _____

Cell Number _____

Name of Business: _____

Business Phone: _____ Fax: _____

E-mail _____ Web site: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (*if different*): _____

City: _____ State: _____ Zip: _____

2. Business Profile

Any changes

Ownership/Partnership _____

Equipment _____

Project accomplished/still in progress for the year

Name/Location of Project

Type of work

Start/End Date Dollar Value

How can TERO assist your Company?

I do solemnly declare and affirm that the contents of the foregoing documents are true and correct and include all information necessary to identify/explain the operation of _____ (name of firm), as well as _____ (name of owner) of _____ % ownership thereof. The undersigned, in addition, swears that this business is at least 51% 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 misrepresented will be grounds for denial or revocation of certification from TERO.

Signature of Owner/Applicant: _____

Name (please print/type): _____

Title: _____ Date: _____

On this _____ day of _____, 201____ 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

Notary Public _____

State of _____

Commission Expires _____