



**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**

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How can TERO assist your Company?

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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 \_\_\_\_\_