



TULALIP TERO

6406 MARINE DR, TULALIP, WA 98271 Phone (360) 716-4747 Fax (360) 716-0616

NATIVE OWNED BUSINESS CERTIFICATION

1. Business Identification:

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

Type of Business: _____

Primary activities of Business: _____

State ID No.: _____ Tulalip Tribes business #: _____

Years of Operation: _____

Number of Employees: _____ Full-time _____ Part-time

Number of Native American Employees: _____ Full-time _____ Part-time

Specify the gross receipts for the last 3 years: Year _____ Total receipts \$ _____

(Attach tax documentation)

Year _____ Total receipts \$ _____

Year _____ Total receipts _____

3. Ownership

Identify all individuals with any ownership interest in your firm, providing the information requested below

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State & Zip: _____

Tribal Affiliation: _____ Enrollment Number: _____

Number of years as Owner: _____ Percentage Owned: _____

A. Partner (if applicable)

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State & Zip: _____

Tribal Affiliation: _____ Enrollment Number: _____

Number of years as Owner: _____ Percentage Owned: _____

4. Control

Identify your businesses firms officers/board of directors (attach additional sheets if needed)

Name	Title	Date Appointed	Ethnicity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Identify your businesses management personnel who control your business in the following areas:

	Name	Title	Ethnicity
Financial Decisions	_____	_____	_____
	_____	_____	_____

Estimating and Bidding	_____	_____	_____
	_____	_____	_____

Hiring/Firing of Personnel

Name	Title	Ethnicity
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Field/Production Supervisor

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Office Management

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Marketing/Sales

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Purchasing

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Authorized to sign company checks

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Authorized to make financial transactions

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List the three largest contracts completed by your business in the past three years, if any:

Contractor/Owner	Name/Location of Project	Type of work	Dollar Value
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List the three largest active jobs on which your business is currently working:

Contractor/Owner	Name/Location of Project	Type of work	Start/End Date	Dollar Value
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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 the _____ % 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 _____