

P.O. Box 308
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APPLICATION FOR TERO CERTIFICATION

1) Company/Business Name: _____

2) Mailing Address: _____

3) Street Address: _____

4) City: _____ State: _____ Zip: _____

5) Telephone Number: _____ Fax Number: _____

6) Website Address: _____ Email: _____

7) Check one of the following: *If you are claiming Native American Ownership Please submit documentation*

Northern Cheyenne Tribal Member Owned

Native American Owned

Non-Native American Owned

8) What type of business are you? *Check one*

General Contractor

Specialized Service Contractor {*Consultant, Electrical, Plumber, Installation. Etc*}

9) Review the major business categories below and check those which best describe your type of business or professional activity:

A Production. Construction, manufacturing, mining, custom or contract production services, specialized installation.

B Supplier

C Forestry/Agricultural Services

D Communications, public utilities

E Consultant, Field: _____

F Transportation

G Service Representative

H Other. Describe _____

10) Federal Employer Identification Number or Social Security Number: _____

11) Montana State Contractor Registration Number: _____ **(attach copy of registration)**

12) Business and/or Professional License Number: _____ **(attach copy)**

13) Number of Permanent Employees: _____

14) Indicate Business Status:

A Sole Proprietorship. **Attach documentation**

B Partnership. **Attach partnership agreement**

C ____ Corporation. **Attach verification** – If Indian or Tribal member owned. **Attach Articles of Incorporation and By-laws and submit names of owners with percentage(s) of ownership and copies of shares.**

D ____ Other. Specify: _____

15) Date of establishment of business/company _____

16) Other or previous name(s) of business _____

17) If Indian owned, give name of person who authorizes or supervises:

A Financial decision _____

B Day to day management decisions _____

C Estimating _____

D Marketing/sales _____

E Hiring/Firing _____

F Major purchases _____

G Field operations _____

H Project/job selection _____

I Bid preparation _____

18) Equipment **Attach inventory.** Leased Both

19) Attach a list of contracts over \$10,000.00 performed on Indian Reservation within the last 5 years.

20) Have you ever been disallowed or barred from doing business on an Indian Reservation?

yes no pending. If yes or pending, **attach explanation.**

21) Are you DBE Certified? {Disadvantaged Business Enterprise} yes **Attach verification** no

CERTIFICATION

I, _____, certify that the information provided in this application is current, true and complete. I further certify that I have read or had explained to me, the TERO Ordinance and TERO Regulations and understand them. I agree to abide by them. For purpose of doing business on the Northern Cheyenne Reservation, I hereby submit to the jurisdiction of the Northern Cheyenne Tribe. I further certify that I am the authorized official to affix my signature to this application on behalf of the company/business.

Signature of Authorized Official

Subscribed and Sworn to before me on this ____ day of _____, 20____.

Notary Public, State of _____

Residing at _____

My commission expires _____