

CROW TRIBAL EMPLOYMENT RIGHTS OFFICE



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P.O. Box 159, Bacheeitché Avenue
Crow Agency, Montana 59022
Phone: (406) 638-3727
Fax: (406) 638-3887

Application for Certification

The information set forth below in the attachments is to be considered a part of Identification.

FIRM NAME: _____

BUSINESS MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

CELL PHONE: _____ CONTACT PERSON: _____

The Crow Tribal Employment Rights Office suggests that the applicant review the Workforce Protection Act before completing this application.

TYPE OF BUSINESS (List all areas of business in which firm intends to engage):

REVIEW THE MAJOR BUSINESS CATEGORIES LISTED AND FIND THE ONE WHICH BEST DESCRIBES YOUR TYPE OF BUSINESS OR PROFESSIONAL ACTIVITY:

- A. ____ PRODUCTION (Construction, manufacturing, mining) INCLUDING CUSTOM OR CONTRACT PRODUCTION SERVICES.
- B. ____ AGRICULTURAL SERVICES (excluding farming), FORESTRY AND FISHING.
- C. ____ WHOLESALE TRADE – Selling goods you do not produce to businesses and institutions (including sales professional practices and for farm production.)
- D. ____ RETAIL TRADE – Selling goods you do not produce to individuals and household.
- E. ____ REAL ESTATE, INSURANCE, FINANCE AND RELATED SERVICES.
- F. ____ TRANSPORTATION, COMMUNICATIONS, PUBLIC UTILITIES AND RELATED SERVICES.
- G. ____ PROVIDING PERSONAL, PROFESSIONAL AND BUSINESS SERVICES NOT INCLUDED IN THE ABOVE CATEGORIES.

FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

NUMBER OF EMPLOYEES: _____ NUMBER OF ENROLLED TRIBAL MEMBERS: _____

NAME OF BONDING COMPANY: _____

BONDING LIMIT: _____

TYPE OF BONDING: _____

NAME OF INSURANCE COMPANY: _____

TYPE OF INSURANCE COVERAGE AND AMOUNT: _____

INDICATE THE TYPE OF CERTIFICATION APPLIED FOR (check one only):

- A. ___ TRIBAL MEMBER BUSINESS
- B. ___ INDIAN OWNED BUSINESS
- C. ___ NON-INDIAN OWNED BUSINESS

PERCENT OF INDIAN OWNERSHIP: _____

INDICATE FIRM STATUS (Document must be submitted to indicate firm status):

- A. ___ SOLE PROPRIETORSHIP
- B. ___ PARTNERSHIP
- C. ___ CORPORATION
- D. ___ LIMITED LIABILITY COMPANY
- E. ___ OTHER BUSINESS ENTITY (PLEASE SPECIFY) _____

DATE BUSINESS WAS ESTABLISHED: _____

OWNERSHIP OF FIRM: _____

PROVIDE FOR EACH INDIAN OWNER: Name, address, tribal affiliation, enrollment number, percent of ownership, amount of investment, the first method of investment (e.g. cash, equipment, promissory note, etc.) the source of any loan that contributed to the Indian owners investment, percent of voting, position in the firm and salary.

CONTROL OF FIRM (Identify individuals, including owners and non-owners.)

1. Management Decisions: _____
 - a. Purchasing: _____
2. Supervision of Field Operation: _____
3. Selection of jobs to Bid on: _____

ALL ENTITIES WHO APPLY FOR CERTIFICATION AGREE TO PAY THE TERO FEES ACCORDING TO THE FEE SCHEDULE ESTABLISHED IN THE TERO REGULATIONS.

THE EMPLOYER IS RESPONSIBLE TO INSURE THAT ALL NON-MEMBER EMPLOYEES SECURE WORK PERMITS.

NOTE: (ALL INFORMATION IS SUBJECT TO CONDITIONS AND REGULATIONS OF THE CONFIDENTIALITY PROVISIONS OF TITLE AND THE CIVIL RIGHTS ACT OF 1964 AS AMENDED AND THE PRIVACY ACT OF 1974.)

CERTIFICATION

I hereby certify that the information in this application is true and complete to the best of my knowledge and belief. I further certify that I have read the applicable ordinance, regulations, criteria and procedure of the Crow Tribe and do hereby submit to the jurisdiction provided for therein.

NAME OF FIRM: _____

SIGNED BY AND DATED: _____