



Certification Application as an Indian Preference Firm

Please be sure to include the following, when submitting your application for Indian Preference on the Fort Peck Indian Reservation

- Completed Application for Indian Preference
- \$25.00 Application Fee
- Current Liability Insurance
- Notarized Partnership Agreement, if applicable
- Workers Compensation
- Employer Identification Number (EIN)
- Balance Sheet of Assets for the Company
- Equipment Lease Agreement(s), if applicable

Please note that final decision for certification is decided by the TERO Review Board. Certification is not guaranteed and dependent upon the proper paperwork being submitted. If any paperwork is not submitted your application will be tabled until such time that the necessary documents are turned in.

If you have any questions please feel free to contact the TERO staff located upstairs in the A&S Building in Poplar or by calling (406)768-2460.

We look forward to working with you. If you have any questions concerning this matter, please feel free to stop by our office, or give us a call 406-768-2460.

Respectfully,

Kevin D. Buckles
TERO Director

Revision 6/14/12



Certification Application as an Indian Preference Firm

It is the intent of the Fort Peck Tribal Employment Rights Office to strictly enforce the preference as set forth by the Fort Peck Tribal Executive Board.

Date of Application:	Fed ID No:
Name of Firm:	
Mailing Address:	
Home Phone:	Business Phone:
Cell Phone:	Fax:
Type of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Construction <input type="checkbox"/> Professional Service <input type="checkbox"/> Non-Professional <input type="checkbox"/> Concession	Percent Indian Ownership: _____%
Number of Tribal Enrolled Employees:	Number of Other Employees:
Date Firm Established:	

Please list all areas of business in which your firm intends to engage: (separate applications must be done for different areas of business).

OWNERSHIP	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership (attach copy of any partnership agreement with all amendments since creation of partnership) <input type="checkbox"/> Corporation (attach copy of the Certificate of Incorporation, Articles of Incorporation, and Bylaws including all amendments since creation of the corporation.	
For Each Indian Owner provide name, address, tribal affiliation, enrollment number, percent of ownership, amount of investment in firm, method of investment (cash, equipment, loan or promissory note/indicate who the loan or note is from / marketing skills and connections), percent of voting control and position in the firm.	
Name:	Name:
Address:	Address:
Enrollment No.	Enrollment No.
_____% Ownership	_____% Ownership
Position in Firm	Position in Firm
Amount invested in firm: \$ _____	Amount invested in firm: \$ _____
For Each Non-Indian Owner provide name, address, percent of ownership, amount invested in firm, method on investment (cash, equipment, loan or promissory note indicate who the loan or note is from), percent of voting control, position in firm, name of all other firms owner holds an ownership interest or management position.	
Name:	Name:
Address:	Address:
_____% Ownership ____% Voting Control	_____% Ownership ____% Voting Control
Position in Firm	Position in Firm
Amount invested in firm: \$ _____	Amount invested in firm: \$ _____
Other firms owner holds interest / Management position in	Other firms owner holds interest / Management position in
List any management fee, equipment rental, bonuses, or other arrangements that will provide payment to non-Indian owners beyond their share of profits and salaries, as indicated as above:	

ATTENTION: All corporation and Joint-Partnership Businesses MUST submit all legal material binding all parties to said business, i.e., partnership agreement, management agreement, certificate of incorporation, articles, by-laws, etc.

Describe or attach any stock options or other ownership options that are outstanding and any agreements between owners or between owners and third parties which restrict ownership or control of Indian owner(s):

Identify any owner or management official of the named company who is or has been an employee of another company that has an ownership interest in or a present business relationship with the named company. Present business relationships include shared space, equipment, financing, or employees as well as any company that may have any of the same owners:

Indicate if this company or other companies with any of the same officers have previously received or been denied certification or participation as an Indian Preference firm and describe the circumstances. Indicate the name of the certifying authority and the date of such certification or denial:

MANAGEMENT

For each owner of more than 5% interest all senior management personnel, and members of the Board of Directors, provide:

Name, Address and Social Security Number. If Indian, Tribe and Enrollment Number:

Present position (describe all duties):

Previous business experience:

Previous work experience:

Education and training:

Other jobs presently held:

Control of Company. Identify by name, race, sex, and title in company those individuals (owners and non-owners) who are responsible for day-to-day management, including, but not limited to those with prime responsibility for:

1. Financial Decisions:
2. Management Decisions:
 - a. Marketing and Sales
 - b. Hiring and Firing
 - c. Purchase of Major Equipment or Supplies:
 - d. Supervision of Field Personnel:

CAPITAL AND EQUIPMENT

1. Capital: Attach a current balance sheet (Refer to as Attachment – 1)
2. Identify amount and source of original and present capital (e.g., contributed by owner, bank loan (if loan, indicate names(s) of those legally bound to repay other than organization).
3. Equipment: list all equipment costing three hundred dollars (\$300) or more when new. (Refer to as Attachment -2)
4. Copy of Workers’ Compensation
5. Copy of Liability Insurance

Quantity	Description	Price (book value)	How Obtained (Purchased, provided by owner, donated, etc.)

CERTIFICATION

The undersigned each certify on behalf of the applicant and for him/herself that the foregoing statements are true and correct and that if any material is false (1) any license granted pursuant to this application shall be void and of no force and effect and (2) the undersigned may be subject to such criminal or civil penalties as the Tribal Court may be authorized to enforce.

Signature of Authorized Official for Firm X	Title	Date
Signature of Authorized Official for Firm X	Title	Date