

FORT PECK TRIBES



"Keeper of the Jobs"

Oil Field Compliance Plan

Prior to beginning a new project on or near the Reservation, the Tribes request that an entity engaged in activity subject to Comprehensive Code of Justice, Title VIII Employment Rights, 601(b) notify TERO of its intentions. TERO fee's collected will go toward project related assistance when needed.

Application Checklist:

- Certified Payroll
- New Employees
- Disciplinary Report/ Termination Notices

- 1 mo. Business License (\$50.00)
- Indian-Owned Company
- 6 mo. Business License (\$100.00)
- Non-Indian Owned
- 1 yr. Business License (\$200.00)

- Prime Contractor
- Sub-Contractor / Vendor

COMPANY INFORMATION

Company:

Owner: TERO License #:
(assigned)

Project Supervisor: Date Requesting Compliance:

Mailing Address:

City: State Zip Code

Phone Number:

Fax Number:

email:

Website:

TERO OFFICE USE ONLY

DATE RECEIVED _____

INITIALS _____

- New Development
- Existing Field

OIL WELL INFORMATION

Oil Well Name:

Location Township: Range Unit:

Expected Duration of Project: # of Months: Begin Date: End Date:

Scope of Project:

List of Good/Services provided:

It is the Prime Contractor's responsibility to understand and comply with all TERO laws and licensing requirements. The Prime Contractor will need to list all Master Service Agreements with Subcontractor/Vendor's and they must also register with TERO. Failure to submit an acceptable compliance plan will result in non-compliance and the employer will be denied to commence business within the exterior boundaries of the Fort Peck Indian Reservation.

Check here if you are a Subcontractor/
Vendor (MSA) skip to next section

MSA Subcontractor/Vendor Info

If the you are the **Prime Contractor**, please list all subcontractor/vendor's here that you have MSA's (Master Service Agreements) with or check the box above if you are not the prime and skip to the next section. Subcontractor/Vendor's will also need to fill out a compliance plan with TERO and apply for work permits when applicable.

Fort Peck Tribal Employment Rights Ordinance - Sec. 501, specifically states Indian Preference in Contracting. Every covered entity engaged in any business on trust land within the Reservation, shall give preference to firms certified by the Tribes under this Chapter in all contracts and subcontracts to be performed on the reservation.

Certified Indian Business Non-Indian Owned

Legal Business Name:

Business Address:

City:

State: Zipcode:

Contact Name:

Services/Goods
Brief Description:

Contact Phone:

Certified Indian Business Non-Indian Owned

Legal Business Name:

Business Address:

City:

State: Zipcode:

Contact Name:

Services/Goods
Brief Description:

Contact Phone:

Certified Indian Business Non-Indian Owned

Legal Business Name:

Business Address:

City:

State: Zipcode:

Contact Name:

Services/Goods
Brief Description:

Contact Phone:

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Legal Business Name:

Business Address:

City:

State: Zipcode:

Contact Name:

Services/Goods
Brief Description:

Contact Phone:

RIG WORK PERMITS

Fort Peck Tribal Employment Rights Ordinance - Section 403 Hiring Part b: If a covered entity brings work crews, teams or pre-existing employees on to the reservation to perform specific projects on trust land, such crews or teams must include not less than 80% Indians, unless TERO certifies that no Indians meeting the qualifications for such duties are listed on its indexes.

Resolution #457-98-5: Therefore be it resolved, that the following hiring preference policy be applied to the hiring process for applicants that meet the basic qualification requirements for a position:

- | | | | |
|---|------|--------------------|--|
| 1. Enrolled Tribal Veterans (MUST CARRY TRIBAL ID) | \$0 | | |
| 2. Enrolled Regular Members (MUST CARRY TRIBAL ID) | \$0 | | |
| 3. Indian or other Federally-Recognized Tribes supporting enrolled families | \$50 | % Enrolled Members | |
| 4. Non-Indians supporting enrolled families | \$50 | on this project? | |
| 5. All other applicants | \$50 | | |

DRILLING RIG CREW

Check here if this is not Applicable (*Skip to next page*)

Drilling Rig
 Service Rig
 How many shifts?
 Day Shift Crew
 Night Shift Crew

Complete Name: Phone Number:

Job Title: Enrollment Status:

Complete Name: Phone Number:

Job Title: Enrollment Status:

Complete Name: Phone Number:

Job Title: Enrollment Status:

Complete Name: Phone Number:

Job Title: Enrollment Status:

Complete Name: Phone Number:

Job Title: Enrollment Status:

Complete Name: Phone Number:

Job Title: Enrollment Status:

Complete Name: Phone Number:

Job Title: Enrollment Status:

OTHER WORK PERMITS

Fort Peck Tribal Employment Rights Ordinance - Section 403 Hiring Part b: If a covered entity brings work crews, teams or pre-existing employees on to the reservation to perform specific projects on trust land, such crews or teams must include not less than 80% Indians, unless TERO certifies that no Indians meeting the qualifications for such duties are listed on its indexes.

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| 4. Non-Indians supporting enrolled families | \$50 | on this project? |
| 5. All other applicants | \$50 | |

*This section applies to all other Vendor's with a (MSA)
Master Service Agreement to provide industry-related services*

WORK PERMITS (OTHER)

Complete Name: Phone Number:

Job Title: Enrollment Status:

Complete Name: Phone Number:

Job Title: Enrollment Status:

Complete Name: Phone Number:

Job Title: Enrollment Status:

Complete Name: Phone Number:

Job Title: Enrollment Status:

Complete Name: Phone Number:

Job Title: Enrollment Status:

Complete Name: Phone Number:

Job Title: Enrollment Status:

Complete Name: Phone Number:

Job Title: Enrollment Status:

OTHER WORK PERMITS (cont'd)

This section applies to all other Vendor's with a (MSA) Master Service Agreement to provide industry-related services

WORK PERMITS (OTHER)

Complete Name: Phone Number:

Job Title: Enrollment Status:

Complete Name: Phone Number:

Job Title: Enrollment Status:

Complete Name: Phone Number:

Job Title: Enrollment Status:

Complete Name: Phone Number:

Job Title: Enrollment Status:

Complete Name: Phone Number:

Job Title: Enrollment Status:

By signing this agreement, I (Company) agrees to abide by all Fort Peck T.E.R.O.'s ordinance and I (Company) agree to notify all my sub-contractor/vendor's that they must file a separate Compliance Plan to the Fort Peck T.E.R.O. office. I (Company) agree to notify the Fort Peck T.E.R.O. office of any changes in person within 48 hours, and I (Company) will provide Indian Preference to all positions. Further, I (Company) understand that if my company and/or representative fails to comply with said Fort Peck T.E.R.O. ordinance, the Fort Peck T.E.R.O. office will impose sanctions, fines, stop work orders, and/or revocation of my Fort Peck T.E.R.O. Business License and work permits, which terminates my right to do business within the exterior boundaries of the Fort Peck Indian Reservation.

Please add up Totals | \$50 Work Permit Per Non-Indian Worker

Fort Peck Workers Total #: (EXEMPT) DO NOT ADD TO TOTAL	<input type="text"/>	=	TOTAL PERMITS	<input type="text"/>	x	\$50.00
Indian (Other) Workers Total #:	<input type="text"/>		PLUS TERO License Fee:	<input type="text"/>		
Supporting Tribal Workers Total #:	<input type="text"/>					
Non-Indian Workers Total #:	<input type="text"/>		TOTAL:	<input type="text"/>		

Signed By Authorized Company Representative

Current Date:

Signed By Authorized TERO Representative

Current Date:

MANPOWER REQUEST

Date:

Qualification

Experience

Proposed Salary:

Person Requesting:

Job Title:

No. of People:

Age Group: Minimum: Maximum:

NATURE OF VACANCY

New Hire

- Permanent
- Contract
- Daily Wager
- Internee

If replacement then fill out the following information about the person being replaced?

Person:

Designated Job:

Salary:

Benefits?

Date of Leaving:

Replacement

- Permanent
- Contract
- Daily Wager
- Internee

Designated Job:

No. of Jobs:

Designated Job:

No. of Jobs:

Designated Job:

No. of Jobs:

Designated Job:

No. of Jobs:

Designated Job:

No. of Jobs:

Job requirements:
(Narrative)

TO BE FILLED OUT BY TERO DEPARTMENT

Date Received:

Initialed By:

of Referrals:

Signed By Authorized Company Representative

Signed By Authorized TERO Representative: