Quinault Indian Nation
Tribal Employment Rights Office
Native Owned Business Certification

1. FIRM IDENTIFICATION

Name of Firm: _____

Business Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____ Website: _____

Type of Business: _____ Fax: _____

Summary of Business: _____

_____

_____

_____

_____

_____

Tribal Affiliation: _____ Enrollment Number: _____

2. BUSINESS REGISTRATIONS, CERTIFICATIONS & LICENSES

State ID #: _____ Federal ID #: _____

Contractors License #: _____ Business License #: _____

Certification with State Office of Minority and Women Business Enterprise (OMWBE), Disadvantaged Business Enterprise (DBE), Women Business Enterprise (WBE) or Emerging Small Business (ESB) program must provide a copy of your certification approval.

State(s) Certified: _____

Number of employees including owner(s): _____ Number of Native American employees: _____

Has business license been revoked at any time in the last five years? ☐ Yes ☐ No (If yes, explain on separate sheet)

Has contractor filed bankruptcy within the last ten years? ☐ Yes ☐ No

3. OWNERSHIP

Type of Ownership: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other

Ownership Interest: ☐ 100% Ownership ☐ Partial Ownership (list percentages of all ownership)

Please attach a copy of Indian Preference Verification for each officer, partner, or individual designated as an Indian if filing as a Partnership or Corporation.

Provide a listing of individuals and organizational structure of your firm's management team along with resumes for all key personnel. Indicate the core crew employees in your work force, their job titles, and whether they are Indian or Non-Indian. Core crew is defined as an individual who is either a current bonafide employee

or who is not a current employee but who is regularly employed in a supervisory or other key skilled position when work is available. Attach the list to this questionnaire.

Has your firm ever had any licenses, permits or authorization revoked? ☐ Yes ☐ No
If yes, please explain: _____

_____

_____

_____

4. ACKNOWLEGEMENT

I certify that all statements made by me on this Native Owned Business Certification are true, complete and correct to the best of my knowledge. I also solemnly declare and affirm 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. I hereby grant permission to the Quinault Indian Nation and its TERO office to confirm by personal inquiry or otherwise, the information I have given. I understand that any willful misrepresentation of facts given during this process is grounds for rejection of this qualification for Indian preference certification or dismissal if employed. I release all persons connected with any requests for information from all claims, liability, and damages for whatever reason arising out of furnishing the information.

Signature of owner/applicant: _____

Name (Please Print): _____

Title: _____ Date: _____

TERO USE ONLY:

☐ Approved for Indian Preference ☐ Disapproved for Indian Preference

Expiration Date: _____

TERO Approval: _____ Date: _____