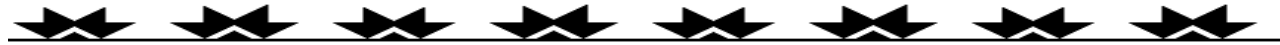


**YUROK TRIBE  
CONTRACTOR'S/BUSINESSES -- INDIAN PREFERENCE CERTIFICATION**



**YUROK TRIBE  
TRIBAL EMPLOYMENT RIGHTS OFFICE  
190 Klamath Blvd., P.O. Box 1027  
Klamath, California 95548  
(707) 482-1350  
(707) 482-1361 FAX**

A Contractor/Business must pre-register with the Yurok Tribe TERO to be placed on a “bidders” list certified as Indian Preference. A Contractor’s/Business certification must be submitted by each contractor/business interested in bidding on a job within the jurisdiction of the Yurok Tribe. If a Contractor/Business intends to subcontract any portion of the work on which it is bidding, it may only utilize subcontractors that are also registered. Thus, each prospective contractor/business, and all subcontractors it will employ, must complete a separate certification.

This certification is not a public record and is not open to public inspection. All information provided will be kept confidential to the extent permitted by law. The Yurok Tribe reserves the right to reject any and all “certification forms” and to waive any irregularities in the information contained therein. Each certifying contractor/business shall be required to re-submit a new certification annually, although the Yurok Tribe reserves the right to require a contractor to submit a new certification at any time. An individual who has the legal authority to bind the contractor or subcontractor on whose behalf that person is signing must sign each certification under penalty of perjury. If any information provided by a contractor/business or subcontractor becomes inaccurate, the party that provided the information must immediately notify the TERO and provide updated accurate information in writing and under penalty of perjury.

**INDIAN PREFERENCE CERTIFICATION**

**This certification is also intended for certification of a majority or wholly-owned Native American business interested in providing their services and/or products via contracting opportunities under the purview of the TERO program as provided for by the Indian Self-Determination and Education Assistance Act, (P.L. 93-638), specifically 7(b), and other applicable federal and tribal laws.**

**Certification of Native American-owned businesses is designed to : 1.) Verify that the applicant is Native American,; 2.) That the applicant is majority owner, if not 100% of the business, and; 3.) That the applicant is the primary beneficiary of the business being certified. Documentation and information required is essential to fulfill the criteria. Any deliberate or intentional effort to misrepresent the ownership of the business applying for certification will result in exclusion of contract opportunities by the Yurok Tribe.**

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**GENERAL INFORMATION:**

**1. Firm Name and Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail or Web Site: \_\_\_\_\_

Contractors/Business License # \_\_\_\_\_

**California State Licensing Board (CSLB) (attach a copy)  
Include all licenses e.g., Electrical, Plumbing, Roofing, etc.**

Has License been revoked at any time in the last five years? Yes  No   
If yes, please use a separate sheet to explain.

Has Contractor filed bankruptcy within the last 10 years? Yes  No

**Federal Identification No:** \_\_\_\_\_

**Certification with any state Minority Business Enterprise (MBE), Women Business Enterprises (WBE), Disadvantaged Business Enterprises (DVBE), or Emerging Small Business (ESB) program. If so, please provide copy of your certification approval.**

**State(s) Certified:** \_\_\_\_\_

Small Business Administration 8(a) Certification No.: \_\_\_\_\_ Exp: \_\_\_\_\_

**Yurok Tribe Incorporation I.D. No.:** \_\_\_\_\_

**2. Type of Business:** \_\_\_\_\_

**3. Organizational Structure:**

\_\_\_\_\_ SOLE PROPRIETOR

\_\_\_\_\_ PARTNERSHIP

\_\_\_\_\_ CORPORATION

\_\_\_\_\_ JOINT VENTURE

\_\_\_\_\_ OTHER

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**3. Name of Owner/Owners:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Tribe of Owner Claiming Indian Preference:** \_\_\_\_\_  
(If applicable)

(Must be supported by documentation from the Bureau of Indian Affairs and/or Tribal Chief or Chairman). 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.

If your company is either a Partnership or Corporation, explain in narrative form, the stock ownership, structure, management, control, financing, and salary or profit sharing arrangements of the enterprise. Attach copies of all shareholder agreements, including voting trust, employment contracts, agreements between owners and enterprise. Include information on salaries, fees, profit sharing, material purchases, and equipment lease or purchase agreements. Evidence relating to structure, management, control, and financing should be specifically included. Also, list the specific management responsibilities of each principal, sole proprietor, partner, or party to a joint venture.

**5. Ownership Interest:** \_\_\_\_\_ PARTIAL (List percentages of Ownership)  
\_\_\_\_\_ 100% OWNERSHIP

**6.** Provide a listing of individuals and organizational structure of your firm's management staff. Also, provide resumes for 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 a separate list to this questionnaire.

**7.** Specify, what type of construction/contracting your firm engages in:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Geographical Area of Interest:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Magnitude of Project on which you desire to bid (If Applicable):**

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Under \$25,000	_____
Up to \$200,000	_____
Up to \$500,000	_____
Up to \$1,000,000	_____
Over \$1,000,00	_____

10. Experience:

Please list at least five (5) of your most recent projects. Give name of an Individual for your Reference:

<u>PROJECT</u>	<u>AMOUNT</u>	<u>REFERENCE</u>	<u>PRIME/SUB</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. SUBCONTRACTORS:

Give the following information on at least six subcontractors with whom your company currently does the most business (or list fewer if you use less than six subcontractors).

<u>COMPANY</u>	<u>CONTACT PERSON</u>	<u>PHONE #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. SUPPLIERS:

List four or more major suppliers from whom you purchase construction materials. Include names and phone numbers.

<u>SUPPLIER NAME</u>	<u>PHONE NUMBER</u>
_____	_____
_____	_____
_____	_____
_____	_____

**YUOK TRIBE  
 CONTRACTOR'S/BUSINESSES -- INDIAN PREFERENCE CERTIFICATION  
 CERTIFICATION**

I CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS CONTRACTOR'S CERTIFICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY GRANT PERMISSION TO THE YUOK TRIBE AND ITS TERO TO CONFIRM BY PERSONAL INQUIRY OR OTHERWISE, THE INFORMATION I HAVE GIVEN. I UNDERSTAND THAT ANY WILLFUL MISREPRESENTATION OF FACTS GIVEN TO THIS PROCESS IS GROUNDS FOR REJECTION OF THIS QUALIFICATION FOR INDIAN PREFERENCE CONTRACTOR'S 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.

*I hereby acknowledge that I have read and understand the above statement.*

\_\_\_\_\_  
 OWNER/CONTRACTOR'S SIGNATURE  
 If applicant is Sole Proprietor

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PARTNER'S SIGNATURE (IF APPLICABLE)  
 If applicant(s) is/are in a Partnership or Joint Venture

\_\_\_\_\_  
 DATE

IF APPLICANT IS A CORPORATION  
 AFFIX CORPORATE SEAL:

\_\_\_\_\_  
 CORPORATE SEAL

BY: \_\_\_\_\_  
 PRESIDENT'S SIGNATURE

\_\_\_\_\_  
 DATE

ATTESTED BY: \_\_\_\_\_  
 CORPORATE SECRETARY

\_\_\_\_\_  
 DATE

APPROVED FOR INDIAN PREFERENCE BY:

\_\_\_\_\_  
 TERO OFFICER  
 TRIBAL EMPLOYMENT RIGHTS OFFICE

\_\_\_\_\_  
 DATE

<b>Office Use Only:</b>	
<input type="checkbox"/> <b>Indian Preference</b>	<b>Expiration Date:</b>