



*Confederated Tribes of the Colville Reservation*  
**Tribal Employment Rights Office**

Post Office Box 150 - Nespelem, Washington 99155  
Ph. (509) 634-2716 Fax (509) 634-2740



## TITLE 10, CHAPTER 10-3 CERTIFICATION APPLICATION

Business (Trade) Name:		
Address (City, State, Zip Code)		
Contact Person (Last, First, M.I.)		
Business Phone:	Business Fax Phone:	E-mail Address:
Business Location:		
Business License No.	Contractor Registration No.	
Industrial Insurance Account/policy No. And under What Name?		
Corporation No. (If Applicable)		
Indian Traders License:	Federal Id. No.	
No. Of Employees:	No. Of Indian Employees:	Year Established:
Tribal Enrollment No.		

## BUSINESS STRUCTURE

An applicant seeking to qualify for preference in contracting and/or subcontracting as a 100% Colville Business Enterprise, Colville Family Business Enterprise, Colville Business Enterprise, or other Indian Business Enterprise shall submit proof of the applicant's Indian or Indian family ownership and control to the TERO office of the Tribes.

The following ownership and control requirements applicable to each preference category are as follows:  
Please check the box you are applying for: **(ONLY ONE PLEASE)**

1. 100% Colville Business Enterprise:

- A. **Ownership** -- Enrolled Colville Tribal Members must own 100% of the firm.
- B. **Control** -- Enrolled Colville Tribal Members must exercise 100% management and supervisory control of the day-to-day operations of the business. All key employees must be Colville members

2. Colville Family Business Enterprise:

- A. **Ownership** -- The firm must be 100% owned by a Colville member or a marital community consisting of a Colville member and a non-Colville spouse.
- B. **Control** -- The Colville member and their non-Indian spouse, parent or children must exercise 100% management control and supervisory control of the day-to-day operations of the business.

3. Colville Business Enterprise:

- A. **Ownership** -- Enrolled Colville Tribal Members must own at least 60% of the firm.
- B. **Control** -- Enrolled Colville Tribal Members must exercise majority control of the business and be substantially involved in the day-to-day management and operations of the business.

4. Indian Business Enterprise

- A. **Ownership** -- Indians must own at least 60% of the firm.
- B. **Control** -- Indians must exercise majority control of the business, and be substantially involved in the day-to-day management and operations of the business.

Provide an original Certification of Indian Blood from any authorized Federally Recognized Tribe, United States or Canada.

Please check the box below which describes the structure of your business:

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION BELOW IN

THE BOX YOU HAVE SELECTED:

Individual Proprietorship: Attach the following: The last three years Financial Statement; Prior three years Federal Tax Returns including all schedules; Resumes of principals of your company showing education, training, and employment of with dates; Proof of ownership; Proof of capital invested and Photo ID.

Partnership: Attach the following: The last three years Financial Statements; Federal Partnership Tax Returns including all schedules; Resumes of all partner showing education, training, and employment with dates; Partnership agreements; Buy out rights agreements; Profit sharing agreement; Proof of Capital invested and Photo ID.

Corporation: Attach the following: Last three (3) years  Financial Statements; Prior three (3) years  Federal Corporate Tax Returns including all schedules; Resumes of principals of your company, showing education, training, and employment with dates; Articles of Incorporation, including certificate of Incorporate by State and any subsequent amendments; Minutes of first corporate organizational meeting and most recent meeting; Last years annual report; Corporation by Laws; Stock ledgers; Proof of stock purchase; Copies of third party agreements such as rental management service agreement, etc.; Copies of stock issued, Photo ID. and proof a Tribal affiliation for all members.

**BEFORE CERTIFYING, THE T.E.R.O. DIRECTOR WILL REVIEW FINANCIALS, STAMP THE REVIEWED AND THEN RETURN THEM TO THE OWNER.**

Ownership Requirements: The following factors will be applied in determining whether the firm meets the minimum ownership requirements for the applicable certification category:

1. **VALUE:** The Indian owners must establish that they provide real value for their stated ownership interest by providing CAPITAL, EQUIPMENT, REAL PROPERTY OR SIMILAR ASSETS, commensurate with the value of their ownership share.
2. **PROFITS:** The Indian owners must receive the PERCENTAGE or ALL PROFITS equal to their ownership interest.

\*NOTE: For more information on ownership and control requirements, see CTC Title 10, Chapter

# All Categories EXCEPT Corporation

Give the following information on all individual proprietorship or others with an ownership interest.

Name:		
Address:		
Business Phone:	Home Phone:	Fax No:
Federally Recognized Indian: _____ Yes _____ No (non-Indian)	Tribal Affiliation:	Tribal ID No.
IF NON-INDIAN, ARE YOU A SPOUSE, PARENT, OR DIRECT DECEDENT OF A COLVILLE MEMBER? _____ YES _____ NO		
If yes, name of Colville Family Member: _____ Enrollment No. _____		
_____ Principal Partner or _____ Limited Partner	Percent of Ownership:	

Name:		
Address:		
Business Phone:	Home Phone:	Fax No:
Federally Recognized Indian: _____ Yes _____ No (non-Indian)	Tribal Affiliation:	Tribal ID No.
IF NON-INDIAN, ARE YOU A SPOUSE, PARENT, OR DIRECT DECEDENT OF A COLVILLE MEMBER? _____ YES _____ NO		
If yes, name of Colville Family Member: _____ Enrollment No. _____		
_____ Principal Partner or _____ Limited Partner	Percent of Ownership:	

Name:		
Address:		
Business Phone:	Home Phone:	Fax No:
Federally Recognized Indian: _____ Yes _____ No (non-Indian)	Tribal Affiliation:	Tribal ID No.
IF NON-INDIAN, ARE YOU A SPOUSE, PARENT, OR DIRECT DECEDENT OF A COLVILLE MEMBER? _____ YES _____ NO		
If yes, name of Colville Family Member: _____ Enrollment No. _____		
_____ Principal Partner or _____ Limited Partner	Percent of Ownership:	



# Corporation

A. Date of Incorporation: \_\_\_\_\_

B. State of Incorporation: \_\_\_\_\_

C. Give the following information, for the BOARD of DIRECTORS of this corporation.

NAME	ADDRESS	PHONE #	INDIAN OR NON-INDIAN	% OF INTEREST

In addition, for other corporations and partnerships, submit all agreements relating to stock holder's agreements, buy out rights, stockholders voting rights, restrictions on disposal of stock loan agreements, facts pertaining to the value of shares and ownership of voting securities.

For all applicants, other documents if applicable: Franchise agreements, Certification letters from other agencies, Denial Letters from other Agencies, documents of parent/subsidiary relationship, credit agreements, list of key personnel including name, title, and years of experience, personal history resume for each owner, his/her spouse and an organizational chart.

D. Give the following information for ALL shareholder/owners of the corporation.

NAME	ADDRESS	PHONE #	INDIAN OR NON-INDIAN	% OF INTEREST

# Fill out this Page ONLY if you are a Corporation

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## PRESIDENT

Name:			
Address:			
Business Phone:	Home Phone:	Fax No:	
Federally Recognized Indian: _____ Yes    _____ No (non-Indian)	Tribal Affiliation:	Tribal ID No.	
_____ Principal Partner    or    _____ Limited Partner	Percent of Ownership:		

## VICE PRESIDENT

Name:			
Address:			
Business Phone:	Home Phone:	Fax No:	
Federally Recognized Indian: _____ Yes    _____ No (non-Indian)	Tribal Affiliation:	Tribal ID No.	
_____ Principal Partner    or    _____ Limited Partner	Percent of Ownership:		

## SECRETARY OR CLERK

Name:			
Address:			
Business Phone:	Home Phone:	Fax No:	
Federally Recognized Indian: _____ Yes    _____ No (non-Indian)	Tribal Affiliation:	Tribal ID No.	
_____ Principal Partner    or    _____ Limited Partner	Percent of Ownership:		

## TREASURER

Name:			
Address:			
Business Phone:	Home Phone:	Fax No:	
Federally Recognized Indian: _____ Yes    _____ No (non-Indian)	Tribal Affiliation:	Tribal ID No.	
_____ Principal Partner    or    _____ Limited Partner	Percent of Ownership:		

# FOR ALL APPLICANTS TO FILL OUT

A. Is the enterprise or anyone listed above debarred or suspended from contracting with the Tribe or any department or agency of State or Federal Government?     No     Yes

\*\*\*If yes, please explain and include the name of person or business, date of action, type of action, and with whom.

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B. Does this enterprise have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern? If yes, explain and include the name and address of subsidiary, affiliate or another concern. Describe the relationship in detail.

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CURRENT TRADE REFERENCE	ADDRESS	PHONE NO.

CURRENT BANK REFERENCE	ADDRESS	PHONE NO.



# CONTROL OF COMPANY

Identify by name and title in company ALL individuals (owners and non-Indian owners) who have responsibilities for day to day management and supervision, including, but not limited to, those with responsibility for:

## FINANCIAL DECISIONS

NAME	TITLE	NATIVE AMERICAN (YES or NO)	TRIBAL AFFILIATION

## MANAGEMENT DECISIONS

A. MARKETING AND SALES			
NAME	TITLE	NATIVE AMERICAN (YES or NO)	TRIBAL AFFILIATION

B. HIRING AND FIRING			
NAME	TITLE	NATIVE AMERICAN (YES or NO)	TRIBAL AFFILIATION

C. PURCHASE OF MAJOR EQUIPMENT OR SUPPLIES			
NAME	TITLE	NATIVE AMERICAN (YES or NO)	TRIBAL AFFILIATION

## CONTROL OF COMPANY, cont.

D. SUPERVISION OF FIELD PERSONNEL			
NAME	TITLE	NATIVE AMERICAN (YES or NO)	TRIBAL AFFILIATION

E. BIDDING AND CONTRACTING			
NAME	TITLE	NATIVE AMERICAN (YES or NO)	TRIBAL AFFILIATION

F. SIGNING AUTHORITY			
NAME	TITLE	NATIVE AMERICAN (YES or NO)	TRIBAL AFFILIATION

**A. 100% Colville Business Enterprise Applicants:**

All firms applying for certification as a 100% Colville Business Enterprise must declare as follows:

I hereby declare under penalty of perjury under the laws of the Colville Tribes that: (1) ALL owners of the business are Colville Tribal members, and (2) ALL employees of the business with management or supervisory authority are Colville Tribal members.

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Signature of Authorized Official

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Print Name and Company Title

**B. Colville Family Business Enterprise Applicants**

All firms applying for certification as a Colville Family Business Enterprise must declare as follows:

I hereby declare under penalty of perjury under the laws of the Colville Tribes that: (1) ALL owners of the business are Colville Tribal members or direct family members of Colville Tribal members, and (2) ALL employees of the business with management or supervisory authority are Colville Tribal members or direct family members of Colville Tribal members. (Direct family member is a spouse, parent or child.)

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Signature of Authorized Official

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Print Name and Company Title

C. Colville Business Enterprise or Indian Business Enterprise:

All firms applying for certification as a Colville Family Business or Indian Business Enterprise must declare as follows:

I hereby declare under penalty of perjury under the laws of the Colville Tribe that: (1) ONE or MORE of the Indian owners must be substantially involved (as a senior level official), in the day-to-day management and operation of the firm, and (2) Indians are employed in all or most of the positions for which qualified Indians are available.

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Signature of Authorized Official

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Print Name and Company Title

# CERTIFICATION

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and believe and agree to permit a credit check on the applying company.

I understand that any false or misleading information furnished by me, on the Title 10, Chapter 10-3 Certification Application or in connection with this application for certification shall result in withdrawal of my certification and I will be prohibited from applying for certification for one-year to date of withdrawn application.

Name of Firm: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Official

Name: \_\_\_\_\_

Title: \_\_\_\_\_

IF APPLICANT IS A CORPORATION, AFFIX CORPORATE SEAL HERE:

\_\_\_\_\_  
Corporate Seal

\_\_\_\_\_  
Date

Name by: \_\_\_\_\_

\_\_\_\_\_  
President Signature

Attested by: \_\_\_\_\_

\_\_\_\_\_  
Corporate Secretary Signature

Enterprise or organization further states they will abide by Resolution 1998-852 and all provisions of the Colville Tribal Code, Title 10.

Enterprise or Organization: \_\_\_\_\_

The Colville Confederated Tribes T.E.R.O. has reviewed all documentation and application submitted on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. The T.E.R.O. office is prepared to issue this notice as official certification for the above name Indian owned enterprise or organization.

This firm is hereby certified as a: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certification Approval Date

\_\_\_\_\_  
T.E.R.O. Director

\_\_\_\_\_  
**REISSUED OR REVIEWED INITIATED**

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# CERTIFICATION PROCEDURES\*

## New applicants for Certification (firms not previously certified):

A firm seeking certification as a Colville Indian or Indian Business Enterprise shall submit a completed application to the TERO on a form provided by TERO. TERO staff will be available to assist a firm in filling out the application, request such additional information as it believes appropriate (computation of the 21-day period shall be stayed during the time any request for additional information is outstanding), conduct such investigations as it deems appropriate, and make a final written finding to certify or not to certify. The TERO may extend the processing period by an additional 21 days, by sending notification of the extension to the applicant by registered mail. Within 15 days of receipt of the TERO's analysis and finding, the applicant may request a hearing before the Commission on the application to appeal any part of the certification finding. The Indian principal(s) of the firm shall be present at the hearing. In addition, any person wishing to present information to the Commission shall be entitled to do so, by requesting, no less than one day prior to the hearing, an opportunity to participate. Hearings shall be conducted as provided for in CTC chapter 2-4.

## Probationary Certification:

An applicant granted certification shall be issued a one-year probationary certificate. During that period, the TERO staff and the Commission shall monitor the firm's activities to ensure that the firm is operating in the manner described in its application. During the probationary period, the TERO and the Commission shall have the right to request and receive such information and documents as they deem appropriate.

## Final Certification

At the end of any probationary period the TERO, after receiving recommendations from the TERO Staff, shall either:

1. Grant full certification;
2. Continue the probationary period for up to six months; or
3. Deny certification

## Withdrawal of Certification:

From the information provided in any required reports, on the basis of a written grievance filed by any other firm or person, or on its own initiative, the TERO may initiate proceedings to withdraw or suspend the certification of any firm. The TERO shall prepare an analysis and finding and prior to making a finding shall send the firm notice, by registered mail, that its certification is being examined, along with the grounds therefore. A firm may appeal any finding of withdrawal or suspension of certification to the Commission, which will hold a hearing, at which the TERO shall have the burden of proof by the preponderance of the evidence, to determine whether the withdrawal or suspension is justified. At the hearing, the TERO staff shall present the case for suspension or withdrawal, and the firm shall have the opportunity to present evidence in support of their case. After the hearing, the Commission may:

1. Withdraw certification
2. Suspend certification for up to one year;
3. Put the firm on probation; and/or
4. Order that corrective action be taken within a fixed period. A firm that has had its certification withdrawn may not reapply for a period of one year.

#### Firms Certified Prior to the Adoption of These Criteria:

Each firm holding Indian preference certification from the Tribes prior to the effective date of this amended Code shall submit an application required under these criteria to the TERO within 30 days after the effective date of this amended Code. If the TERO determines that the firm qualifies under these new criteria, it shall, within 45 days of receipt of the application, so find. Should the TERO require additional information from the firm, computation of the 45-day period shall be stayed by written notice from the TERO for a reasonable time to permit such information to be provided. If the TERO finds that certification is denied, the firm may appeal to the Commission as set out above.

#### Change in Status and Annual Reports:

Each certified firm shall report to the TERO, in writing, any changes in its ownership or control status within 30 days after such changes have occurred. Each certified firm, on the anniversary of its receipt of permanent certification, shall update the information provided in this initial application on an Annual Report form provided by the TERO. Failure to provide information pursuant to these requirements shall constitute grounds for TERO to move for withdrawal of certification.

## INDIAN PREFERENCE\*\*

All agencies and instrumentalities of the Confederated Tribes of the Colville Reservation shall give preference to qualified Indian Business Enterprises when awarding contracts. Consistent with procedures and requirements outlined in this section, preference shall be given in the following order:

1. 100% Colville Business Enterprises
2. Colville Family Business Enterprise
3. Colville Business Enterprises
4. Indian Business Enterprises

All Requests for Proposals, Invitations for Bids, or other contract solicitations shall contain a statement that Indian preference applies in the award of the contract and in the work to be performed pursuant to the contract.

\*The following **Certification Procedures**, is in the Colville Tribal Code, Title 10, Chapter 10-3-3

\*\*The following, **Indian Preference**, is in the Colville Tribal Code, Title 10, Chapter 10-3-4