



Ute Tribe Employment Rights Office

UTERO Commission
P.O. Box 400
Fort Duchesne, UT 84026
Phone: (435) 725-7086
utero@utetribe.com

APPLICATION FOR INDIAN PREFERENCE CERTIFICATION

I. Firm Identification **NEW COMPANY:** Yes No

Firm Name (Exactly as you want it to appear on UTERO documents):

Address: _____

City: _____ State: _____ ZIP _____

Phone: _____

Enrollment #: _____ (Attach Proof of Enrollment or CIB)

Form of Business: Proprietorship
 Partnership
 Corporation
 Other - _____

Owner or Owners Name: _____

Title: _____

Phone Business: _____ E-mail: _____

Type of Business (List all areas of business your firm intends to engage):

Workmen Comp. No.: _____

Unemployment No.: _____

Bonding Company: _____ Phone: _____

Address: _____ Bonding Limit: \$ _____

Federal Identification Number: _____

Total Indian Employees: _____ Total Non-Indian Employees: _____

Month and Year Business was Established: _____

Do you have an Accountant? Yes No
 Accountant Name: _____ Phone: _____
 Address: _____ City: _____ State: _____
 Bank Name: _____ Phone: _____
 Source of Letters of Credit, if any: _____

II. Ownership

A. Type of Ownership (check one):

- Sole Proprietorship
- Partnership (attach copy of any partnership agreement with amendments since creation of partnership)
- Corporation (attach copy of the Certificate of Incorporation, Articles of Incorporation and By-Laws, including all amendments since creation of the corporation)
- Other - _____ (attach copy of formation documents, if applicable)

B. Percent of Indian Ownership: _____ %
 Percent of Non-Indian Ownership: _____ %

C. Formal Ownership

In the area below, indicate name(s) of owners, addresses, sex, race, percent (%) of ownership, title (pres., v. pres., treas., etc.) and years owned.

NAME	ADDRESS	SEX	RACE	%	TITLE	YRS OWNED

D. Control of Firm

Identify by name, race, sex and title in the company those individuals (including owners and non-owners) who are responsible for day-to-day management and policy decision making including, but not limited to, those with prime responsibility for the following:

RESPONSIBILITY	NAME	RACE	SEX	TITLE
MANAGEMENT				
CONTROL				
DECISION(S)				
PROFITS				
DISSOLUTION				
VOTING				

I. Equipment Leased

List construction equipment leased and provide copies of leases:

QTY	DESCRIPTION, NAME AND CAPACITY OF ITEM	SERIAL NUMBER	AGE OF ITEM	PURCHASE PRICE	BOOK VALUE

J. Capital

1. ATTACH A PROFIT AND LOSS STATEMENT AND CURRENT BALANCE SHEET.
2. Identify amount and sources of original and present capital (e.g., contributed by owner, bank loan; if loan, indicate name(s) of those legally bound to repay if other than organization):

3. ATTACH COPIES OF THE LAST THREE (3) INDIVIDUAL OR COMPANY TAX RECORDS SHOWING PROFITS/LOSSES FOR ALL OWNERS.

Note: All items must be fully completed and all attachments must accompany this application.

K. Additional Submissions

Each applicant must submit with this application the following:

1. Lists of officers, principal stockholders and directors, with post office addresses and number of shares held by each.
2. A sworn statement of the proper officer showing:
 - a) The total number of shares of the capital stock actually issued and the amount of cash paid into the treasury on each share sold; or, if paid in property, the kind, quantity and value of the same share;
 - b) Of the stock sold, how much remains unpaid and subject to assessment;
 - c) The amount of cash the company has in its treasury and elsewhere;
 - d) The property, exclusive of cash, owned by the company and its value; and
 - e) The total indebtedness of the company and the nature of its obligations.

III. Affidavit

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief and include all material information necessary to identify and explain the operation and 51% Ute or Indian ownership of:

Firm Name: _____

I further hereby certify that I have read the applicable UTERO Ordinance and do hereby submit to the jurisdiction provided for therein. Further, the undersigned agrees to the following conditions:

1. To abide by the UTERO Ordinance.
2. To provide through the prime contractor or, if no prime directly to the contracting agency, current, complete, and accurate information regarding actual work performed on the project, the payment therefore and to permit the audit and examination of books, records, and files of the named firm.
3. Any material misrepresentation will be grounds for termination of any contract which may be awarded and for initiating action under federal, state or tribal laws concerning false statements.
4. To notify the UTERO within thirty (30) days of any change in ownership, management, control or status on an on-going basis.
5. Require employers to give preference in the award of contracts and subcontracts first to qualified Ute Tribal-owned firms and businesses as defined in Sect. 3.23, and then to other Indian-owned firms and businesses according to the terms and provisions of regulations implementing this ordinance established by the UTERO Programs.

We certify under the pains of perjury that the information supplied to this application is correct and complete. We recognize the five (5) conditions stated above governing the consideration of this application and the maintenance of the certification status.

By: _____

(Signature of Authorized Official)

Name (please type or print): _____

Title (please type or print): _____

Subscribed and sworn before me this _____ day of _____, 20____.

Witness my hand and official Seal.

Notary Public

Commission Expires: _____