



***Ute Tribe Employment Rights Office***

UTERO Commission

7074 East 900 South

P.O. Box 400

Fort Duchesne, UT 84026

Phone: (435) 725-7086

[utero@utetribes.com](mailto:utero@utetribes.com)

**APPLICATION FOR UTERO LICENSE  
2018**

DATE: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

FORM OF BUSINESS:

Proprietorship       Partnership  
 Corporation       Other: \_\_\_\_\_  
 LLC/LLP

OWNER OR OWNERS' NAME(S): \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

CELLPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**(List your Insurance Information and attach a copy of the Insurance Certificate)**

INSURANCE COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

WORKMENS COMP. NO: \_\_\_\_\_

UNEMPLOYMENT NO: \_\_\_\_\_

BOND COMPANY NAME: \_\_\_\_\_

FEDERAL I.D. NO: \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_ WHAT YEAR WAS YOUR BUSINESS STARTED: \_\_\_\_\_

LIST OF ALL EMPLOYERS and/or COMPANIES YOU WILL WORK FOR:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. \_\_\_\_\_ 6. \_\_\_\_\_
- 7. \_\_\_\_\_ 8. \_\_\_\_\_

TYPES OF WORK PERFORMED:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. \_\_\_\_\_ 6. \_\_\_\_\_

PLEASE CHECK ALL THAT APPLY:

- Prime Contractor  Subcontractor
- Supplier  Other: \_\_\_\_\_

I acknowledge that by signing this document I have answered all statements to the best of my knowledge. I understand that this License shall be for a period of time designated and approved by the UTERO Commission, the Director's signature will reflect such approval.

\_\_\_\_\_  
Signature of Owner or Designated Representative

\_\_\_\_\_  
DATE