NOTICE OF REVIEW AND RE-CERTIFICATION

2017

TO: All Companies/Employers with Expired UTERO Licenses OR License Due For Review

To continue doing business on the Uintah & Ouray Indian Reservation, you will need to send a “Letter of Intent to Re-certify” to the Ute Tribe Employment Rights Office with detailed information or report for each of the following questions:

1. Number of current employees, including a separate tally of Ute tribal members and/or members of a federally recognized tribe (indicating their tribal affiliation) within your work force with hourly wage/salary information.
2. Monthly hires and fires of all employees (identifying whether those hired or fired were Ute tribal members and/or members of a federally-recognized tribe).
3. Monthly promotions of all employees (identifying whether those promoted were Ute tribal members and/or members of a federally-recognized tribe).
4. Number of current contract or subcontracts awarded to certified Ute or Indian-owned firms.
5. Number of contracts or subcontracts awarded to non-Indian firms.
6. Status of Development Agreement. Explain whether objectives have been met. If not, identify the efforts, if any, being made toward achieving those objectives.
7. Status of Compliance Plan. Explain whether the goals have been met. If not, identify the efforts, if any, being made toward achieving those goals.
8. If you have not entered into a Development Agreement and/or Compliance Plan with the UTERO Commission, please explain why?
9. Amount(s) of UTERO Employment Rights Fees or Well Fees paid to the Uintah & Ouray Tribal Business Committee to comply with the UTERO Ordinance.
10. If no fees have been paid to the Uintah & Ouray Tribal Business Committee, please explain why?
11. A complete accounting of all the work performed on Ute tribal lands since last certification.
12. Provide a complete list of vehicles and/or equipment being utilized on Ute Tribal lands that include: Year, Make, Model/Description, State, Color, License Plate Number and VIN Number.
13. Copy of Certificate of Liability Insurance
14. Copy of company Articles of Incorporation or Articles of Organization
15. Copy of Bylaws, Operating Agreement, Partnership Agreement or other governing documents
16. Copy of Business Mission Statement
17. Copy of Business’s Employment and Training Plan
18. Copy of business’s Contracting and Subcontracting Compliance Plan
19. Copy of all other business policies or procedures designed to benefit Tribal Members

INDIAN PREFERENCE COMPANIES ONLY

20. Copy of any documents proving that Indian-owners actually own 51% or more of the business
21. Copy of any documents proving that Indian-owners provide real value to the business
22. Copy of any documents proving that Indian-owners receive 51% or more of all profits
23. Copy of any documents proving that the business is under significant Indian management and control
24. Copy of any documents proving that the firm was not established solely or primarily to take advantage of the Indian preference program

If you have any questions or concerns, you can reach the UTERO Department at 435-725-7086 or utero@utetrible.com.

Respectfully,
UTE TRIBAL EMPLOYMENTS RIGHTS OFFICE
APPLICATION FOR UTERO LICENSE
2017

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: __________________________________________

WHICH COMPANIES WILL YOU WORK FOR:
1. ___________________________________________________________  2. ___________________________________________________________
3. ___________________________________________________________  4. ___________________________________________________________
5. ___________________________________________________________  6. ___________________________________________________________

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.

_________________________________________________________  DATE

Signature of Owner or Designated Representative
UTERO COMPLIANCE PLAN
COVERSHEET & CHECKLIST

AFFIRMATION

I, ______________________ (name), hereby certify, represent and swear under the pains of perjury as follows:

- that all of the information provided herein is true, correct, accurate and complete;
- that all documents hereto attached are true, correct, accurate and complete;
- that I have included all material information necessary to fully describe the nature of the below named business, as well as its existing and planned business practices;
- that the below named business does not have any existing partnerships, relationships, agreements, promises, or understandings with any other businesses or entities operating on or near the Uintah and Ouray Reservation or within the State of Utah other than those fully disclosed and described in this document or the attachments hereto;
- that the below named business understands and will keep up to date on all UTERO related changes;
- that the below named business is and will remain UTERO Compliant AND
- that it will not seek to circumvent the UTERO Ordinance and UTERO Rules and Regulations in any way.

SIGNED this ___ day of ______________, 2013.

______________________________
Signature

______________________________
Printed Name

______________________________
Title
BUSINESS INFORMATION

BUSINESS NAME: _______________________________ EIN: __________

D.B.A.'s: ___________________________________________

Tribe or State of Incorporation: _______________ Entity #: __________

Principal Office Address: _______________________________

Principal Office Phone #: ___________________________ Ext: __________

Primary Contact (Name): _______________________________

Primary Contact (Phone #): ___________________________

Business accepts notices via: Email U.S. Postal Service Personal Service

Primary Contact (email address): __________________________

Registered Agent's Name: _______________________________

Registered Agent's Address: ____________________________

Parent Business Names: ________________________________

    Copy of Parent Business Organizational Documents (i.e. articles of incorporation and
    bylaws);

Sister or Partnering Business Names: _________________________

    a copy of sister or partnering business agreements (if written) is attached; and
    a written description of sister or partnering business agreements (if verbal) is
    attached.

Business’ Industries: _______________________________________

Applicable NACIS Codes: ________________________________

Number of Employees: ________ Prior Year Gross Revenues: _______

States in which Business maintains operations at any level: __________

___________________________________

Other Reservations on which Business maintains operations at any level: __________

___________________________________
Business holds business licenses, access or other permits in the following Reservations or States:

a copy of each is attached hereto.

Has Company or any of Company’s principals, employees, representatives, parent or sister businesses, partner businesses previously or at any time been fined, sanctioned, disciplined, sued, suspended, refused access, OR excluded or expelled from any Indian reservation for violations of a Tribal Employments Rights or related Ordinance? Yes No

If “Yes”, please provide copies of all charging documents (i.e. tickets, citations, complaints, informations, notices etc.), as well as a detailed description, including the names and titles of each entity and person involved. Please include information regarding what happened, where it happened, when it happened, why it happened, and specifically what disciplinary action was taken:

If you require additional space, please attach additional pages as needed.

INDIAN-OWNED CERTIFICATION

What is the Formal Ownership: _____% Indian-Owned _____% Non-Indian Owned

Value (describe and document with attachments how each Indian owner provides real value):
REQUIRED ATTACHMENTS

- Copy of company Articles of Incorporation or Articles of Organization
- Copy of Bylaws, Operating Agreement, Partnership Agreement or other governing documents
- Copy of Business Mission Statement
- Copy of Business's Employment and Training Plan
- Copy of business's Contracting and Subcontracting Compliance Plan
- Copy of all other business policies or procedures designed to benefit Tribal Members
- Copy of any documents proving that Indian-owners actually own 51% or more of the business
- Copy of any documents proving that Indian-owners provide real value to the business
- Copy of any documents proving that Indian-owners receive 51% or more of all profits
- Copy of any documents proving that the business is under significant Indian management and control
- Copy of any documents proving that the firm was not established solely or primarily to take advantage of the Indian preference program