TERO APPLICATION CHECKLIST

APPLICANTS MUST SUBMIT THE FOLLOWING FORMS BEFORE APPLICATIONS WILL BE PROCESSED AND BUSINESS WILL BE APPROVED TO CONDUCT OPERATIONS:

- Payment of all applicable fees
- Compliance Plan
- Registration Application (for each employee)
- Business License Application
- Indian Preference Application Form (if applicable)
- Applicable Certificates
- Certified Contract (If contracted)
- Degree of Indian Blood if enrolled at Fort Belknap
- Copy of Workman’s Comp. Liability & Unemployment Insurance

*Fees
- Business License Fee: $200.00
- Registration Fee (TERO ID): $200.00

*Tax
- Any contract of $1,000.00 or more: 4%
- Any non-enrolled employee: 1% of annual salary

*In accordance with the Fort Belknap Tribal Employment Rights Ordinance, enrolled Gros Ventre or Assiniboine Tribal members of the Fort Belknap Indian Reservation shall be exempt from payment.
BUSINESS LICENSE APPLICATION

1. FIRM IDENTIFICATION:

Name of Firm (exactly as you want it to appear on all documents):

Address:

Telephone #s:

Date of Submission:

Please check business type:


Non-profit: ______

Contact Person:

Address:

Telephone (Bus.): _______________  Fax No.: _______________

Intent of Business:

Federal Identification Number:

Number of Employees: _______________  Number of Indian Employees: _______________

Year business was established: _______________
2. Ownership

A. Type of Ownership (Check One):

   - Sole Proprietorship
   - Partnership (attach copy of any partnership agreement with all amendments since the creation of partnership)
   - Corporation (attach copy of the certificate of incorporation, Articles of incorporation, and Bylaws, including all amendments since the creation of the corporation)

B. Percentage of Indian Ownership:

C. Provide for each Indian owner, name, address, tribal affiliation, enrollment number, percentage of ownership, amount of investment in the firm, method of investment (cash, equipment, loan or promissory note indicating who the loan is from), percentage of voting control and position in the firm.

I hereby swear and affirm, under the penalty of Law, that the facts contained in this application are true to the best of my knowledge.

Signature of Applicant and Title

Date
COMPANY: ________________________________

ADDRESS: ________________________________ PHONE: ________________________________

E-MAIL: ________________________________

INTENT OF BUSINESS: ________________________________

SUPERINTENDENT: ________________________________

IF CONTRACTED, CONTRACT/SUB-CONTRACT AWARD AMOUNT: ________________________________

(If applicable)

DATES OF OPERATION: FROM: ________________________________ TO: ________________________________

IF NOT CONTRACTED, COST OF ANNUAL OPERATING EXPENSE: ________________________________

(If applicable)

DESCRIPTION OF BUSINESS: ________________________________

CORE CREW DEFINITION: A member of this entity who is a regular, permanent (regular=40 hrs/week) employee and is in a supervisory or other key position in such that, the employer would face a serious financial loss if that position were filled by a person who had not had previously worked for that entity. (If single business, place self as Core Crew Member).

CORE CREW MEMBERS ________________________________

JOB CLASSIFICATION ________________________________
LOCAL LABOR FORCE:

POSITION CLASSIFICATION:  INDIVIDUAL HIRED:


TRAINING

Please address and summarize any training positions your firm may offer:


***I verify that the information provided to the Fort Belknap Tribal Employment Rights Office and/or TERO Commission on this Compliance Plan is complete and true to the best of my knowledge.

Authorized Company Official:

Printed Name  Signature

Title  Date
Further conditions and/or recommendations of the Compliance Plan:


Company Official Concurrence

Date

***************************************************************

Approved: ___________ Disapproved: ___________

Explanation of Disapproval of Compliance Plan:


Bruce Buzz Doney
Fort Belknap TERO Office

Date
REGISTRATION APPLICATION

PERSONAL DATA:

Occupation: ________________________________ (Please Print)

Name: ____________________________________ (Please Print)

Address: ____________________________________ (Street or P.O. Box)

(City) (State) (Zip)

Phone: ___________ Date of Birth: ___________ SS# ___________

Tribal Affiliation: ___________________________ Tribal ID: ___________________________

Enrolled At: ________________________________ Blood Degree: _______________________

EDUCATIONAL:

High School: ________________________________ Last Yr. Completed: ___________

Yr. Of Graduation/G.E.D. __________________________

College: ____________________________________ Last Yr. Completed: ___________

Course of Study: ______________________________

Degree and Yr. Received: _______________________

Other: _____________________________________

Course of Study: ______________________________

Degree and Yr. Received: _______________________


SPECIAL SKILLS:

List Special Skills:


Valid Montana Drivers License? _____ Yes _____ No Other ________________ (State)

Type: ___________________________ Expiration Date: _______________________

(Commercial, Operators, Etc.)

PHYSICAL RECORD:

Do you have any physical restrictions/limitations that will affect you occupational performance? -
_____ Yes _____ No If so, please explain:


MILITARY RECORD:

Branch of Armed Forces: ______________________________

Dates of Duty: From: _____________________________ To: _______________________

Special Recognition: ________________________________

**Please Attach Any Supporting Documents**
EMPLOYMENT RECORD: (List all employment that is applicable to trade applying for)

Title: ___________________________ Fr: ____________ To: _________________

Employer: ________________________ Salary: __________________

Address: __________________________ Phone: __________________

Reason for Leaving: __________________________

Description of Duties: ____________________________________________

Title: ___________________________ Fr: ____________ To: _________________

Employer: ________________________ Salary: __________________

Address: __________________________ Phone: __________________

Reason for Leaving: __________________________

Description of Duties: ____________________________________________

Title: ___________________________ Fr: ____________ To: _________________

Employer: ________________________ Salary: __________________

Address: __________________________ Phone: __________________

Reason for Leaving: __________________________

Description of Duties: ____________________________________________
**REFERENCES:**

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May the reviewer(s) of your application contact previous employers and/or references?  
Yes [ ] No [ ]

Please List an Emergency Contact Person: ____________________________

Phone: ____________________________ Relationship: ____________________________

_____________________________ ____________________________
Signature of Applicant: Date:

_____________________________ ____________________________
Received By: Date:

*Please note that you are encouraged to contact the TERO Office to update any employment during your registration year.*