



REQUIREMENTS FOR CERTIFICATION

- _____ 1. A. Application: Construction Contracting
- General Contractor - Lic. # _____ Class. _____
- Special Trades - Lic. # _____
- Subcontractor

- _____ 1. B. Application: Professional Services
- Supplier
- Professional Services

Required documents based on business structure (i.e., Partnership, Corporation, Joint Venture, LLC) - Refer to applicable section in Certification Application

- _____ 2. Copy of IRS Identification No. _____
- _____ 3. Resume' of Owner(s)
- Include Business Experience, Personal Information, Education, Military Service (If Applicable) & References (Professional and Personal)*
- _____ 4. List of Past Projects
- (Include Owner, Completion Date & Amount of Project)*
- _____ 5. Financial Statement in Company's Name (Must be **Notarized**)
- _____ 6. Organizational Chart
- _____ 7. Duties & Responsibilities of Owner(s) or Top Echelon
- _____ 8. Certificate of Indian Blood
- _____ 9. Business Plan



THE NAVAJO NATION

JONATHAN NEZ | PRESIDENT
MYRON LIZER | VICE PRESIDENT

NAVAJO BUSINESS OPPORTUNITY ACT PRIORITY CERTIFICATION

PROFESSIONAL SERVICES

BUSINESS REGULATORY DEPARTMENT DISCLAIMER

The purpose of the Navajo Business Opportunity Act priority certification is to determine if an entity is eligible for priority preference and to allow those certified entities priority preference when submitting bids and/or proposals in the procurement of services and/or goods. Priority certification does not guarantee that the certified entities are deemed responsive and/or responsible to provide the particular services and/or goods required of/by the contract letting entity. Priority certification of an entity is limited to the activities listed as goods and/or services in section G.9.

The Business Regulatory Department, Navajo Nation does not warrant or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of any information disclosed in this application.

By initialing in the space provided, I understand and accept the Business Regulatory Department's Disclaimer Statement. _____



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NAVAJO BUSINESS OPPORTUNITY ACT PRIORITY CERTIFICATION
for
PROFESSIONAL SERVICES

- NOTE: 1. Application must be typewritten or printed legibly.
2. Application and all Attachments must be Originals.
3. Any Incomplete Application will be returned.

Date: _____

PART A. GENERAL INFORMATION

LEGAL BUSINESS NAME: _____
(Legal Name under which the Contracting Business is to be conducted)

MAILING ADDRESS: _____
(Street or P.O. Box) (City) (State) (Zip)

PRINCIPAL PLACE OF BUSINESS: _____
(Physical Location)

CONTACT PERSON: _____
(Owner(s) or 51% Principals)

E-MAIL ADDRESS: _____

TELEPHONE NUMBER: (____) _____

CELLULAR TELEPHONE NUMBER: (____) _____

FAX NUMBER: (____) _____

Applicant Intends to do Business As: _____ Sole Owner; Complete Part B
_____ Partnership (Limited or Uniform); Complete Part C
_____ Corporation; Complete Part D
_____ Limited Liability Company; Complete Part E
_____ Joint Venture; Complete Part F

PART B. SOLE OWNERSHIP

B.1. Give the name and address of the SOLE OWNER of the FIRM and indicate whether he/she is Navajo Indian (N), or Other Indian (OI). If Other Indian, list name of Tribe.

<u>Name and Address</u>	<u>Social Security # and/or EIN #</u>	<u>Enrollment Census No.</u>	<u>Status (N, OI)</u>
_____	_____	_____	_____

(Attach copy of Certificate of Indian Blood)

If additional space is required, please attach all information on a separate sheet and entitle it "Part B.1. Continuation".

B.2. Attach any documents you may have that establish the ownership of your firm. (i.e., state license, city license, 8a certification)

PART C. PARTNERSHIP

(Limited Partnership 5 N.N.C. § 4100; Uniform Partnership 5 N.N.C. § 3800)

- C.1. In which State is your firm registered? _____
 Date Registered: _____
 Please attach the Partnership Agreement (Limited) **OR** Partnership Statement (Uniform) and any amendments thereof, the Certificate of Limited Partnership (Limited) **OR** Statement of Partnership Authority (Uniform), By-Laws (**optional**) and Certificate of Good Standing.
- C.2. Is the Partnership (Limited or Uniform) registered with the Navajo Nation? _____.
 If YES, please attach the Partnership Agreement (Limited) **OR** Partnership Statement (Uniform) and any amendments thereof, the Certificate of Limited Partnership (Limited) **OR** Statement of Partnership Authority (Uniform), By-Laws (**optional**) and Certificate of Good Standing. **If NO, please note that it is a requirement that a partnership must be registered with the Navajo Nation, 5 N.N.C. § 4100 (Limited) or 5 N.N.C. § 3800 (Uniform).**
- C.3. Provide the names and addresses of the PARTNERS of this FIRM and indicate whether they are Navajo Indian (N), Other Indian (OI), or Non-Indian (NI) in the spaces below. If Other Indian, list name of Tribe. **Attach a copy of Certificate of Indian Blood for all Navajo/Other Indian Partners.** To qualify for Priority Certification, firms applying as PARTNERSHIP status must be at least 51% Navajo or Other Indian owned and controlled.

<u>Name and Address</u>	<u>Social Security #</u>	<u>Title</u>	<u>Enrollment Census No</u>	<u>Status (N,OI,NI)</u>	<u>% Ownership Control</u>
1) _____ _____ _____	_____	_____	_____	_____ _____ (Tribe)	_____
2) _____ _____ _____	_____	_____	_____	_____ _____ (Tribe)	_____

If additional space is required, please attach all information on a separate sheet and entitle it "Part C.3. Continuation".

C.4. Required documents include Partnership Agreement.

PART D. CORPORATION (5 N.N.C. § 3100)

D.1. In which State is your firm incorporated? _____
 Date Incorporated: _____
 Please attach the Articles of Incorporation and any amendments thereof, the Certificate of Incorporation, By-Laws (**optional**) and Certificate of Good Standing.

D.2. Is the Corporation registered with the Navajo Nation? _____.
 If YES, please attach the Articles of Incorporation and any amendments thereof, the Certificate of Incorporation, By-Laws (**optional**) and Certificate of Good Standing. **NO, please note that it is a requirement that a corporation must be registered with the Navajo Nation, 5 N.N.C. § 3100.**

D.3. List the names and address of all DIRECTORS and OFFICERS of the CORPORATION. Indicate if they are Navajo or Other Indian. **Attach a copy of Certificate of Indian Blood for all Navajo/Other Indian Directors and Officers.** To qualify for Priority Certification, 51% or more stocks/shares must be held by Navajos and/or Other Indians.

<u>Office</u>	<u>Name/Addresses</u>	<u>Tribal Affiliation</u>	<u>Percentage (%) of Stock/Share Owned</u>
President	_____		
Vice-President	_____		
Secretary	_____		
Treasurer	_____		
Director	_____		
Director	_____		
Director	_____		

D.4. The number of Shares/Stocks Authorized

Common Stock/Share issued	_____
Preferred Stock/Share issued	_____
Unissued Stock/Share	_____
TOTAL STOCK/SHARE AUTHORIZED	_____

PART E. LIMITED LIABILITY COMPANY (LLC) (5 N.N.C. § 3600)

- E.1. In which State is your firm registered? _____
 Date Registered: _____
 Please attach the Articles of Organization and any amendments thereof, the Operating Agreement, Certificate of Good Standing and/or By-Laws (**optional**).
- E.2. Is the LLC registered with the Navajo Nation? _____.
 If YES, please attach the Articles of Organization and any amendments thereof, the Operating Agreement, Certificate of Good Standing, and/or By-Laws (**optional**). **If NO, please note that it is a requirement that a LLC must be registered with the Navajo Nation, 5 N.N.C. § 3600.**
- E.3. List the names and address of all MANAGERS and MEMBERS of the LIMITED LIABILITY COMPANY (LLC). Indicate if they are Navajo or Other Indian. **Attach a copy of Certificate of Indian Blood for all Navajo/Other Indian Managers and Members.** To qualify for Priority Certification, 51% or more interests must be held by Navajos and/or Other Indians.

<u>Office</u>	<u>Name/Addresses</u>	<u>Tribal Affiliation</u>	<u>Percentage (%) of Interest</u>
Manager's	_____		
Manager's	_____		
Manager's	_____		
Manager's	_____		
Member's	_____		
Member's	_____		
Member's	_____		
Member's	_____		

E.4. Is the LLC manager managed OR member managed OR manager-member managed?

PART F. JOINT VENTURES

To qualify for Priority Certification, firms applying as JOINT VENTURE status must be at least 51% Navajo or Other Indian owned and controlled. **Attach a copy of Certificate of Indian Blood for all Navajo/Other Indian party.**

F.1. Full disclosure is required of all Joint Ventures. Attach a certified copy of the complete Joint Venture Agreement, including any amendments thereof.

F.2. Is the Navajo or Other Indian Party in the Joint Venture currently certified with the Business Regulatory Department? _____ Yes _____ No
If YES, provide the name of the Business and Certification Number:

F.3. Is the Non-Indian Party Registered as a Corporation, Limited Liability Company, Limited Partnership OR Uniform Partnership? _____ Yes _____ No
If YES, complete Part C, D **OR** E of the Application.

Name of Non-Indian Company _____
Principal Officer _____ Telephone _____
Mailing Address _____

F.4. Joint Venture Bonding Capability? _____ Yes _____ No

F.5. Attach notarized Financial Statements for all parties of the Joint Venture which must have been prepared three months prior to application date. This must be similar to the form attached to this application (Exhibit A).

F.6. Monetary allowance for Administration (recording, support staff, office facilities and equipment, etc.) Management:
Managing Party _____ Monetary Allowance (Percentage) _____

F.7. Monetary allowance for Construction Management:
Managing Party _____ Monetary Allowance (Percentage) _____

F.8. Attach a list of equipment to be furnished by each Joint Venture party and specify the allowance of the use of the equipment. Specify if the equipment is owned or leased.

PART G. TO BE COMPLETED BY ALL APPLICANTS

G.1. Attach an Organizational Chart and indicate all upper level management positions with names, titles, and indicate if Navajo/Other Indian or Non-Indian and describe the functions of the branches of the organization. Provide resumes of upper level management positions.

G.2. List all Licensed Professional Staff within your organization and indicate if Navajo/Other Indian or Non-Indian.

<u>Name</u>	<u>Title</u>	<u>Tribal Affiliation</u>
_____	_____	_____
_____	_____	_____

G.3. Does your Firm have Bonding Capability? _____ Yes _____ No If YES,
(i) Provide the Name and Address of your Bonding Company or other Completion Surety Agency: _____

(ii) Type of Bonding and Level of Bonding Capabilities: _____

G.4. Attach a Current Financial Statement, which must not be older than three (3) months. (If Joint Venture, provide current Financial Statements for all Parties). The Financial Statement must be similar to the attached form (Exhibit A).

G.5. Employment Breakdown of the Firm:
Number of Navajo Workers _____
Number of Other Indian Workers _____
Number of Non-Indian Workers _____
TOTAL WORKFORCE _____

Describe your method of Recruiting Human Resources _____

G.6. Describe the physical location of your business establishment(s). (Main Office, warehouse, and inventory available at the site).

G.7. Attach a list of all projects for the last two (2) years and dollar amounts for each. Use the attached form or similar form (Exhibit B).

G.8. Has your company ever filed for Bankruptcy before? _____ Yes _____ No
If yes, please explain _____

G.9. Concisely (60 words or less) describe the type of goods and/or services your firm can provide to projects throughout the Navajo Nation with your own employees and equipment, **rather than by subcontract**. NOTE: Priority Certification and Certificate Issuance will be limited to these activities listed as goods and/or services.

PART H. CERTIFICATION

By signing below, I certify and attest that all information contained herein is complete, true and correct. I further understand that the Business Regulatory Department, Division of Economic Development must give its approval before this Navajo or Other Indian owned and controlled firm can be considered or accepted as a Certified Priority firm for project(s) within the exterior boundaries of the Navajo Nation. **I further understand that the certification is only valid for one (1) year.**

**SIGNATURES OF
OWNERS, PARTNERS, OFFICERS, MEMBERS, MANAGERS OF THE BUSINESS**

Date: _____ Title _____
Date: _____ Title _____
Date: _____ Title _____
Date: _____ Title _____