

DIVISION OF ECONOMIC DEVELOPMENT
Business Regulatory Department
Post Office Box 663, Window Rock, Navajo Nation (Arizona) 86515
(928) 871-6714/6718; FAX (928) 871-7381

NAVAJO BUSINESS OPPORTUNITY ACT

REQUIREMENTS FOR RE-CERTIFICATION

- _____ 1. UPDATED APPLICATION
Preference Application Must Be Updated If Certificate Expired More Than Six (6) Months.
- _____ 2. PROJECTS
- A. List of Projects with Navajo Nation for the Past Year of Certification
 - B. Type of Projects
 - C. Location of Projects
 - D. Estimated Dollar Amount for each Project
- _____ 3. UPDATED DOCUMENTS
- A. Updated Financial Statement (Must be Notarized)
 - B. Updated Bank Account Verification (Must be Notarized)
(Both Documents must be in Company's Name.
Only the Bank Account Verification has to be Verified by the Bank).
- _____ 4. CHANGES
- A. Any Significant Changes in Company's Organization or Structure
 - 1. Change in Ownership
 - 2. List Duties & Responsibilities of New Owners
 - B. Business Plan - *If Plan is going to change substantially*
 - C. Changes in Activities (Modification)
 - D. Conflict of Interest Clearance - *If Employed by the Navajo Tribe, P.H.S. or B.I.A.*

For Office Use Only

RECOMMENDATIONS: Priority Effective Date:

Ownership % Expiration Date:

Recertification Provisional Modification

Reviewed By: _____

Date: _____

FINANCIAL STATEMENT AS OF _____
(Statement must not be over "6 Months old")

ASSETS

CURRENT ASSETS (receivable in 1 year or less)
 Cash in bank or on hand _____ \$ _____
 Amount due on completed portion of contracts _____
 Materials (cost) _____
 Receivables due (short term) _____
 Notes receivable _____
 Itemize _____ \$ _____
 Other Current Assets _____
 Itemize _____ \$ _____
 TOTAL \$ _____
 TOTAL CURRENT ASSETS \$ _____

FIXED ASSETS
 Equipment & Tools (depreciated value) _____ \$ _____
 Notes receivable (long term) _____
 Itemize _____ \$ _____
 REAL ESTATE & BUILDINGS (depreciated value) _____
 Notes Receivable (long term) _____
 Description _____ \$ _____
 Other Assets _____
 Itemize _____ \$ _____
 TOTAL \$ _____
 TOTAL FIXED ASSETS \$ _____
 TOTAL ASSETS \$ _____

LIABILITIES

CURRENT LIABILITIES (payable within 1 year or less)
 Accounts Payable _____ \$ _____
 For Materials _____
 To Others _____
 Notes Payable (short term) _____
 To Banks _____
 For Equipment _____
 Unpaid Taxes & Interest _____
 Other Current Liabilities _____
 Itemize _____ \$ _____
 TOTAL \$ _____
 TOTAL CURRENT LIABILITIES \$ _____

FIXED LIABILITIES
 Mortgages on Real Estate _____
 Long Term Notes Payable _____
 Itemize _____ \$ _____
 TOTAL \$ _____
 Installment Contracts & Chattel Mortgages on Equipment _____
 Other Fixed Liabilities _____
 Itemize _____ \$ _____
 TOTAL \$ _____
 TOTAL FIXED LIABILITIES \$ _____
 TOTAL LIABILITIES \$ _____

NET WORKING CAPITAL (Difference between current

Assets & Current Liabilities) \$ _____

NET WORTH (Difference between Total

Assets & Current Liabilities) \$ _____

I, _____ do solemnly swear that all statements on
the Application are true and correct.

Subscribed and sworn to before me this _____ day of _____, 20_____

My commission expires: _____

Notary Public

Name _____ (Company Official Sign Here) Title _____

Company Name _____

PAST PROJECTS

PROJECTS	DATE & YEAR	NO. OF EMPLOYEES	OWNER OF PROJECT(S) Name: Address: PH.# ()	LOCATION	COST APPROXIMATE
1			Name: Address: PH.# ()		
2			Name: Address: PH.# ()		
3			Name: Address: PH.# ()		
4			Name: Address: PH.# ()		
5			Name: Address: PH.# ()		
6			Name: Address: PH.# ()		
7			Name: Address: PH.# ()		
8			Name: Address: PH.# ()		
9			Name: Address: PH.# ()		

FINANCIAL INSTITUTION REFERENCE
(Bank, Credit Union, etc.)

THIS FORM MUST BE USED

Inquiry regarding _____
(Name of applicant & name under which license is to be issued)

Savings Account Open Closed
 Low Medium High

Checking Account Satisfactory Unsatisfactory

Credit Experience

Loans are granted Frequently Occasionally Seldom

Relationship Satisfactory Unsatisfactory

Comments: _____

Date: _____

Name of Financial Institution

Address

City State Zip

By: _____
Signature of Official

Title

All information will be held in confidence.

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

_____ My commission expires _____
Notary Public

MAIL TO: NBOA/Business Regulatory Department
Division of Economic Development
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