



# THE NAVAJO NATION

THE NAVAJO NATION  
DIVISION OF ECONOMIC DEVELOPMENT  
BUSINESS REGULATORY DEPARTMENT  
Post Office Box 663, Window Rock, Navajo Nation (Arizona) 86515  
TELEPHONE: (928) 871-6714/6718 FAX: (928) 871-7381  
[www.navajobusiness.com](http://www.navajobusiness.com)

## NAVAJO NATION PURCHASE and CONTRACT CERTIFICATION

### 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**

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)

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

CELLULAR TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_

Applicant Intends to do Business As: \_\_\_\_\_ Sole Owner; Complete Part B  
\_\_\_\_\_ Partnership; Complete Part C  
\_\_\_\_\_ Corporation; Complete Part D  
\_\_\_\_\_ Joint Venture; Complete Part E  
\_\_\_\_\_ Limited Liability Company; 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, NI)</u>	<u>% Ownership Control</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. PARTNERSHIPS**

To qualify for Priority Preference, firms applying as PARTNERSHIP status must be at least 51% Navajo or Other Indian owned and controlled.

C.1. 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.

<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)	_____
3) _____ _____ _____	_____	_____	_____	_____  (Tribe)	_____
4) _____ _____ _____	_____	_____	_____	_____  (Tribe)	_____

**(Attach Certificate of Indian Blood)**

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

C.2. Required documents include Partnership Agreement.

**PART D. CORPORATIONS**

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 and Certificate of 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 and Certificate of Standing.  
**If 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 Preference, 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	_____
<b>TOTAL STOCK/SHARE AUTHORIZED</b>	_____

**PART E. JOINT VENTURES**

To qualify for Priority Preference, firms applying as JOINT VENTURES 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.**

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

E.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:

\_\_\_\_\_  
\_\_\_\_\_

E.3 Is the Non-Indian Party Incorporated? \_\_\_\_\_Yes \_\_\_\_\_No  
If YES, complete Part D of the Application.

Name of Non-Indian Company \_\_\_\_\_  
Principal Officer \_\_\_\_\_ Telephone \_\_\_\_\_  
Mailing Address \_\_\_\_\_

E.4. Joint Venture Bonding Capability? \_\_\_\_\_Yes \_\_\_\_\_No

E.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).

E.6. Monetary allowance for Administration (recording, support staff, office facilities and equipment, etc.) Management:

Managing Party \_\_\_\_\_ Monetary Allowance (Percentage)\_\_\_\_\_

E.7. Monetary allowance for Construction Management:

Managing Party \_\_\_\_\_ Monetary Allowance (Percentage)\_\_\_\_\_

E.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 F. LIMITED LIABILITY COMPANY (LLC)**

F.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 Standing and/or By-Laws.

F.2. Is the LCC registered with the Navajo Nation? \_\_\_\_\_.  
If YES, please attach the Articles of Organization and any amendments thereof, the Operating Agreement, Certificate of Standing, and/or By-Laws.  
**If NO, please note that it is a requirement that a LLC must be registered with the Navajo Nation, 5 N.N.C. § 3600.**

F.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 Preference, 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>
Managers	_____		
Managers	_____		
Managers	_____		
Managers	_____		
Members	_____		
Members	_____		
Members	_____		
Members	_____		

**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. Briefly describe the type of goods and/or services your firm can provide to projects in the Navajo Nation; i.e., with your own employees and equipment, rather than by subcontract.  
NOTE: Certification will be limited to these activities listed.

---

---

---

---

G.9. Has your company ever filed for Bankruptcy before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain \_\_\_\_\_

---

---

**PART H. CERTIFICATION**

I certify 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.

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

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