

THE NAVAJO NATION

JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE PRESIDENT



BUSINESS REQUIREMENTS FOR CERTIFICATION

APPLICATION TYPE:

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

DOCUMENTATION:

- Proof of EIN or Social Security Number
- List of Past Projects/Work
- Duties & Responsibilities of Owner(s) or Highest Echelon
- Certificate of Indian Blood

PROCUREMENT ITEMS:

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a Veteran? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a current Navajo Nation Business Site Lease? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have an outstanding loan with the Navajo Nation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you filed your Office of Navajo Tax Commission Form 100?
(To complete form, visit: www.tax.navajo-nsn.gov) |

DIVISION OF ECONOMIC DEVELOPMENT | BUSINESS REGULATORY DEPARTMENT
POST OFFICE BOX 663 · WINDOW ROCK, AZ 86515
PHONE: (928) 871-6714 · FAX: (928) 871-7381
www.NavajoEconomy.org

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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.

PART A. GENERAL INFORMATION:

Today's Date: _____

Legal Business Name: _____
Legal Name of Business

Mailing Address: _____
Street or P.O. Box

_____ *City* _____ *State* _____ *Zip*

Principal Place Of Business: _____
Physical Address

_____ *City* _____ *State* _____ *Zip*

Contact Person: _____
(Owner(S) Or 51% Principals) *First/Last*

_____ *First/Last*

E-Mail Address: _____

Telephone Number: _____

Cell Number: _____

Fax: _____

Applicant Intends to do business as:

- | | |
|---|-----------------|
| <input type="checkbox"/> Sole Owner/Sole Proprietor..... | Complete Part B |
| <input type="checkbox"/> Partnership (Limited or Uniform) | Complete Part C |
| <input type="checkbox"/> Corporation | Complete Part D |
| <input type="checkbox"/> Limited Liability Company | Complete Part E |
| <input type="checkbox"/> Joint Venture..... | Complete Part F |

All applicants must complete Parts G & H of application.

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PART B. SOLE OWNERSHIP/SOLE PROPRIETOR:

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.

<i>Name and Address</i>	<i>Social Security # and/or EIN#</i>	<i>Enrollment Census No.</i>	<i>Status N/OI</i>
1. _____ _____	_____	_____	_____
	<i>Tribal Affiliation:</i>	_____	_____
2. _____ _____	_____	_____	_____
	<i>Tribal Affiliation:</i>	_____	_____
3. _____ _____	_____	_____	_____
	<i>Tribal Affiliation:</i>	_____	_____

(PLEASE ATTACH COPY or COPIES OF CERTIFICATE OF INDIAN BLOOD)

If additional space is required, please attach all information on a separate sheet and label as following:

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)

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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? Yes No

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.

1.

Name	Title	Social Security #	Enrollment Census #	Status (N,OI,NI)
Address		Tribal Affiliation	% Ownership Control	

2.

Name	Title	Social Security #	Enrollment Census #	Status (N,OI,NI)
Address		Tribal Affiliation	% Ownership Control	

If additional space is required, please attach all information on a separate sheet and label as following:

C.3. Continuation".

C.4. Required documents include Partnership Agreement.

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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? Yes No

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.

Office:	Name/Address	Tribal Affiliation:	% Ownership of Stock/Share:
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: _____

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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?

Yes No

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.

Office:	Name/Address	Tribal Affiliation:	% of Interest
Manager's	_____	_____	_____
Manager's	_____	_____	_____
Manager's	_____	_____	_____
Manager's	_____	_____	_____
Member's	_____	_____	_____
Member's	_____	_____	_____
Member's	_____	_____	_____

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

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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.

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PART G. ORGANIZATION INFORMATION

TO BE COMPLETED BY ALL APPLICANTS

G.1. Attach a brief 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.

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

Name:	Title:	Tribal Affiliation:
_____	_____	_____
_____	_____	_____
_____	_____	_____

G.3. Employment Breakdown:

Number of Navajo Employees:	_____
Number of Other Indian Employees:	_____
Number of Non-Indian Employees:	_____
TOTAL WORKFORCE:	_____

G.4. Describe your method of recruiting human resources:

G.5. Describe the physical location of your business establishment/s.
i.e.: main office, warehouse/s, and inventory available at the site.

G.6. 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.7. Has your company ever filed for bankruptcy? *If yes, please explain.* Yes No

G.8. 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. (60 words or less)

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PART H. CERTIFICATION

H.1. 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

<i>Date:</i>	<i>Signature:</i>	<i>Title:</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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PAST PROJECTS

	PROJECTS	DATE & YEAR	NO. OF EMPLOYEES	OWNER OF PROJECT(S)	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 #		



**Office of the Navajo Tax Commission
Calendar Year 2020**

**Please return the original signed form 100
to the Office of Navajo Tax Commission**

**Drop off at office location at:
Karigan Professional Building, Suite 115
Highway 264, 100 Taylor Road
St. Michaels, Arizona 86511**

**Mailing Address:
Office of the Navajo Tax Commission
PO Box 1903
Window Rock, Arizona 86515**

**Telephone Number: (928) 871-6681
Fax Number: (928) 871-7608
Website: www.tax.navajo-nsn.gov
Email: nnontc@navajo-nsn.gov**

**There may be a requirement to submit an
additional Form 200. Contact Navajo Tax
Commission on further assistance. The
form 200 is attached for reference.**