



**Spokane Tribal Employment Rights Office
PO Box 100 – Wellpinit WA 99040
Richard Garry, Director
(509) 458-6529**

**APPLICATION / REGISTRATION FOR
CONTRACTORS LICENSE**

NOTICE: All items listed below must be submitted with this application as a complete package or your registration will not be processed.

A COMPLETE PACKAGE INCLUDES:

1. This Application
2. Certificate of Insurance
3. Four other registration numbers, or Tribal Membership
4. \$100.00 check made payable to the Spokane Tribe of Indians

THE BUSINESS NAME MUST BE EXACTLY THE SAME ON ALL DOCUMENTS OR THE APPLICATION WILL BE RETURNED.

INSURANCE REQUIREMENTS: MINIMUM AMOUNTS

- \$20,000.00 Property Damage
- \$50,000.00 Public Liability (coverage to 1 person)
- \$100,000.00 Public Liability (coverage for more than 1 person)

❖ You must submit a certificate of insurance. This office will not accept applications, binders, interim certificates, policies or receipts.

❖ The certificate of insurance must include:

Policy Number	Effective Date
Signature of Agent	Amounts of Coverage
Expiration	Cancellation Clause

Exact same Business name as on the bond and the application for contractor registration, labor and industries, Contractor registration section as certificate holder.

❖ The Certificate of Insurance must be submitted within 90 days of the issue date. There can be NO errors, corrections, omissions, additions, alterations, or whiteouts.

NOTICE: YOUR REGISTRATION PERIOD SHALL EXPIRE ONE YEAR FROM THE DATE YOU PURCHASED THIS LICENSE.

Employer Init. _____ Date _____ TERO Init. _____ Date: _____

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OTHER REGISTRATION NUMBERS REQUIRED:

Have you applied for account numbers at each of the following:

- Internal Revenue Service
- State Department of Labor and Industries-Industrial Insurance
- State Department of Revenue-Excise Tax
- State Employment Security Department

The Account Number that has been accepted and stamped "Received" by the appropriate agency will be accepted for Contractor Registration purposes.

NOTICE: INDIAN PREFERENCE APPLICANTS MAY BE EXEMPT FROM CERTAIN REGISTRATION NUMBERS.

Employer Init. _____ Date _____ TERO Init. _____ Date: _____
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Date: _____

SPOKANE TRIBAL EMPLOYMENT RIGHTS OFFICE
CONTRACTORS REGISTRATION

Please submit a "Letter of Record" with the following information and answer all questions.

1. Statement of what component(s) you intend on subcontracting and upcoming project.
2. Evidence showing fully the extent of ownership of enterprise
3. Evidence of structure, management, and financial capabilities and character of enterprise. Must include major subcontracts for last two years and purchase agreements; material or equipment supply arrangements; and management, salary and/or profit sharing arrangements; and evidence showing the effect of those on the ownership and interest.
4. Evidence sufficient to demonstrate that the prospective subcontractor has the Technical, Administrative, and Financial capability to perform on the project, also must show evidence of timely completion of all components completed prior to this project.
5. Personal employment resume of owner(s) stating qualifications in management and trade skills. Include past employers classifications and minimum of three (3) reference letters.

FAILURE TO COMPLETE OR SUBMIT ALL INFORMATION MAY BE GROUNDS FOR DENYING OR APPROVING APPLICATION FOR CONTRACTORS LICENSE.

Employer Init. _____ Date _____ TERO Init. _____ Date: _____

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CONTRACTORS REGISTRATION

Tribal Employment Rights Office
PO Box 100
Wellpinit WA 99040

PLEASE PRINT OR TYPE

Name Phone Number County

Mailing Address City State Zip

Have you previously been in Washington as a contractor? { } Yes { } No

If yes, give the name you were registered under: _____

What was your previous Registration Number: _____ Expiration Date: _____

Have you acquired a previous contractor registration? { } Yes { } No

Continued as a Separate Business? { } Yes { } No

Listed as Inactive? { } Yes { } No

SPECIALTY CONTRACTORS LIST THE TYPE OF TRADE WORK CONTRACTING:

REQUIRED REGISTRATION NUMBERS

NOTICE: You must complete the following account numbers listed below.

*Industrial Insurance Account No. _____

*Employment Security Account No. _____

*Department of Revenue Excise Tax No. _____

*IRS Employer Identification No. _____

Employer Init. _____ Date _____ TERO Init. _____ Date: _____

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STRUCTURE OF ORGANIZATION

(Please circle one of the following)

Individual Corporation Partnership Joint Limited Limited
Proprietorship Venture Partnership Liability

Name of Employer: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone No. _____

Has the Tribal Employment Rights Office accepted your Compliance Plan?

{ } Yes { } No

(TO BE COMPLETED BY TERO OFFICE)

Contractors License Number: _____

Effective Date: _____ Expiration Date: _____

APPROVED: { } DENIED: { }

SIGNATURE: _____

Richard Garry, TERO Director

Employer Init. _____ Date _____ TERO Init. _____ Date: _____