



THE JICARILLA APACHE NATION

DEPARTMENT OF LABOR

P.O. Box 507 • Dulce, New Mexico 87528-0507 • (575) 759-1705/1617

JICARILLA APACHE NATION

Department of Labor

Indian Preference Certification

Any oil and gas business seeking to obtain Indian preference status pursuant to Title 23 of the Jicarilla Apache Nation Code must submit a complete application for certification as an Indian business. The amended Indian Preference Ordinance has established two (2) types of certification: (1) 100% Jicarilla Apache-owned business and; (2) Indian-owned business. Failure to meet the requirements of certification will result in a non-certification.

Procedure:

1. The business must submit documentation that demonstrates it is 100% Jicarilla Apache-owned or at least 51% Indian-owned.
2. The business must submit documentation describing the relevant, qualified field(s) for which it is seeking to be certified.
3. The business must submit documentation of its financial status.
4. The business must submit documentation of workforce/employees.
5. Only completed applications will be considered.
6. All applications are held as strictly confidential by the Department of Labor and the information you provide will be used only as permitted under the Nation's Indian Preference in Contracting and Employment Ordinance.
7. The Department of Labor may verify any information provided in your application. Providing false or misleading information will subject the applicant to any and all sanctions available under the laws of the Nation.

**APPLICATION
FOR INDIAN PREFERENCE CERTIFICATION**

This application to be submitted to:

JICARILLA APACHE NATION
DEPARTMENT OF LABOR
P.O. BOX 507
DULCE, NEW MEXICO 87528

1. Certification requested (check one):

- 100% Jicarilla Apache owned business
 Indian owned business

2. Application for (check one):

- Initial Certification [\$150.00]
 Re-Certification [\$100.00]
 Change of Information

3. Name of Business: _____
Address: _____
Principle Place of Business: _____
Telephone: _____
Fax: _____

4. Year business started: _____

5. If business is Sole Proprietorship complete the following, (if not a Sole Proprietorship continue to number 6):

Business owner's name: _____
Business owner's federally recognized tribal affiliation: _____
Business owner's federally recognized tribal enrollment/census number: _____
Business owner's federally recognized tribal enrollment/census department's phone number: _____

Attach original certified documentation of federally recognized tribal enrollment from tribal enrollment/census department (copies will not be accepted).

6. Complete the following if business is a: Partnership, LLP, or LP, (if not a Partnership, LLP or LP continue to number 7).

Partner's name: _____
Partner's address: _____
Partner's tribal affiliation: _____
Partner's tribal enrollment/census number: _____
Partner's tribal enrollment/census department's phone number: _____

Second Partner's name: _____
Second Partner's address: _____
Second Partner's tribal affiliation: _____
Second Partner's tribal enrollment/census number: _____
Second Partner's tribal enrollment/census department's phone number: _____

(If more than one partner, attach additional sheet of paper)

____ Attach original certified documentation of tribal enrollment from tribal enrollment/census department (photocopies will not be accepted).

____ Attach any documents you have that establish the ownership of your business. If a Partnership or LLP, attach a copy of your Partnership or LLP Agreement.

7. Complete the following if business is a: Corporation, LLC or LC.

a. Provide the State where your corporation/LLC incorporated or registered: _____

b. Date Incorporated/Registered: _____

c. ____ Attach the Articles of Incorporation/Organization and any amendments thereof, the Certificate of Incorporation/Organization and Bylaws, Managing/Operating Agreement and Board of Directors' Resolutions, if any regarding ownership and/or organization.

d. List the names and addresses of all Directors, Officers, and/or Managing Members of the business. Indicate if they are Indians. Attach a Certificate of current tribal membership for all Indian Directors, Officers, and/or Managing Members.

<u>Officer</u>	<u>Name/Addresses</u>	<u>Indian Tribe</u>
President/CEO:	_____	_____
Vice President/CEO:	_____	_____
Secretary:	_____	_____
Treasurer:	_____	_____
Director/Manager:	_____	_____
Director/Manager:	_____	_____

Director/Manager: _____

The number of Shares of Stock Authorized interest: _____ b. List Members and percentages of interest: _____

Common Stock Issues _____

Preferred Stock Issues _____

Unissued Stock _____

TOTAL STOCK AUTHORIZED _____ TOTAL: 100%

__ Attach a certified listing of all Stockholders and the amount of stock issued to each. In order to qualify for Indian Preference, 51% or more stock needs to be issued to Indians. Provide proof of current tribal membership for each Indian Stockholder and indicate if the Stockholder holds a position in the corporation, and the positions held. If seeking certification as a Jicarilla Apache Owned Business, 100% of stock must be owned by an enrolled member of the Jicarilla Apache Nation.

Does your business have bonding capability? YES ____ NO ____

List type of bonding and level of bonding capabilities:

Name and Address of Your Bonding Company or other Completion Surety Agency

9. TO BE COMPLETED BY ALL APPLICANTS

a. __ Attach an Organizational Chart and indicate all upper level positions, foremen or supervisors with names and titles and indicate if Indian or non-Indian and describe the functions of the branches of the organization. Provide resumes for all employees listed as upper level positions. Resumes should indicate all prior positions held with the business.

b. Please list all state-issued licenses held by each principal of your business (include license numbers).

c. ___ Attach a current financial statement which must not be older than three months. This must be similar in format to the form that is attached to this application (Attachment A).

d. Accounting

Name of your CPA: _____

Address: _____

Telephone: _____

What is your fiscal year end? _____

On what basis are taxes paid?

Cash___ Completed Job ___Accrual___% of Completion___

On what basis are CPA fiscal year end financial statements prepared?

Cash___ Completed Job ___Accrual___% of Completion___

On what level of assurance are financial statements prepared?

CPA Audit _____

Review _____

Compilation _____

How often are financial statements prepared?

Annually _____

Semi-annually _____

Quarterly _____

Monthly _____

On what basis? _____ Cash _____ Completed job
_____ Accrual _____ % of Completion

Do you have a full-time accountant on staff? Yes _____ No _____
Yrs. experience _____

How are job cost records kept? Manually _____
Computerized _____

e. Banking

Name of your business' bank: _____

Address: _____

Telephone: _____ Contact Person: _____

f. Employment Breakdown of the business: Permanent Work Force:

TOTAL WORKFORCE:

Indian Employees: _____

Non-Indian Employees: _____

Indian Employees in Management Positions: _____

Non-Indian Employees in Management Positions: _____

Indian Employees in Skilled Labor Positions: _____

Non-Indian Employees in Skilled Labor Positions: _____

Describe your method of Recruiting Human Resources:

Describe your policy and procedures for filling management positions:

Specify what, if any, efforts are made to specifically train and promote Indian employees.

Describe your efforts to recruit and retain Indian workers.

__Attach a list of any and all lawsuits filed against your business in any court and indicate the nature of the lawsuit and the final outcome for each. If ongoing, please state.

__Attach a list of any and all complaints filed against your business with any administrative agency, the nature of the complaint, and the final outcome for each.

Equipment leased:

From whom (name, address, and phone):

Type of lease:

Terms of lease:

Architect/engineer or other professionals used (name, address, and phone):

Has your company or any of its principals ever filed bankruptcy, failed in business, or defaulted so as to cause a loss of surety? YES _____ NO _____

If yes, Please explain:

Financial Rating. The attached "Financial Institution Reference" must be completed and mailed directly to the Executive Director of the Jicarilla Apache Department of Labor by the financial institution (Attachment B). You must contact your Financial Institution and make arrangements for this information.

Insurance. Please slate the name, address and phone number of your insurance agent(s) and list the type and amount of insurance carried by your business.

Designate (X) those functions that can be performed **by your business**; i.e., with your own employees and equipment, rather than through subcontracting means.

- | | | |
|---|--|---|
| <input type="checkbox"/> Earthwork | <input type="checkbox"/> Hauling | <input type="checkbox"/> Specialties |
| <input type="checkbox"/> Site Utilities | <input type="checkbox"/> - water | <input type="checkbox"/> Special Equipment |
| <input type="checkbox"/> Roads & Walks | <input type="checkbox"/> - equipment | <input type="checkbox"/> Tree clearing/Trimming |
| <input type="checkbox"/> Site Improvements | <input type="checkbox"/> - dirt | <input type="checkbox"/> Weed Control |
| <input type="checkbox"/> Archeological Survey | <input type="checkbox"/> - other | <input type="checkbox"/> Roustabout |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Lawns and Planting | <input type="checkbox"/> Grading |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Unusual Site | <input type="checkbox"/> Re-Contouring |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Conditions _ Carpets | <input type="checkbox"/> Re-Seeding |
| <input type="checkbox"/> Metalwork | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Rough Carpentry |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Heat/Ventilation | <input type="checkbox"/> Finish Carpentry |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Site Reclamation | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Waterproofing | <input type="checkbox"/> Painting and |
| <input type="checkbox"/> Glass | <input type="checkbox"/> Insulation | <input type="checkbox"/> Decorating |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Sheet Metal | <input type="checkbox"/> Blinds, Shades & Artwork |
| <input type="checkbox"/> Cabinets | <input type="checkbox"/> Lath & Plaster ' Tile | <input type="checkbox"/> Special Constr. |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Work | <input type="checkbox"/> Plumbing/Hot Water |
| <input type="checkbox"/> Elevators | <input type="checkbox"/> Acoustical | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Wood Flooring | _____ |
| | <input type="checkbox"/> Resilient Flooring | _____ |

List other jobs/projects you are qualified to do:

Certification

I hereby certify that all information contained herein is complete, true and correct. I further understand that the Jicarilla Apache Nation Department of Labor must give approval before this business can be considered or accepted as a Certified Indian-Owned Business on projects(s) within the exterior boundaries of the Jicarilla Apache Nation. I further certify that I have read and will fully comply with the Jicarilla Apache Nation's Indian Preference in Contracting and Employment Ordinance and that I will comply with all other Jicarilla Apache Nation laws and regulations.

SIGNATURES OF OWNERS/PRINCIPALS OF APPLICANT

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

ASSETS		LIABILITIES	
CURRENT ASSETS (receivable in 1 year or less)		CURRENT LIABILITIES (payable within 1 year or less)	
Cash in bank or on hand	\$ _____	Accounts Payable	\$ _____
Amt. due on completed portion of contracts	\$ _____	For Materials	\$ _____
Materials (cost)	\$ _____	To Others	\$ _____
Receivables due (short term)	\$ _____	Notes Payable (short term)	\$ _____
Notes receivable	\$ _____	To Banks	\$ _____
Itemize _____	TOTAL \$ _____	For Equipment	\$ _____
Other Current Assets	\$ _____	Unpaid Taxes & Interest	\$ _____
Itemize _____	TOTAL CURRENT ASSETS \$ _____	Other Current Liabilities	\$ _____
		Itemize _____	\$ _____
		_____	\$ _____
		TOTAL \$ _____	
FIXED ASSETS		FIXED LIABILITIES	
Equipment & Tools (depreciated value)	\$ _____	Mortgages on Real Estate	\$ _____
Notes Receivable (long term)	\$ _____	Long Term Note Payable	\$ _____
Itemize _____	TOTAL \$ _____	Itemize _____	\$ _____
		_____	\$ _____
		TOTAL \$ _____	
Real Estate & Bldgs. (depreciated value)	\$ _____	Installment Contracts & Chattel Mortgages on Equipment	
Description _____	\$ _____	Other Fixed Liabilities	
_____	\$ _____	Itemize _____	
_____	\$ _____	_____	
Other Assets	\$ _____	TOTAL \$ _____	
Itemize _____	\$ _____		
_____	\$ _____		
_____	\$ _____		
TOTAL \$ _____	TOTAL FIXED ASSETS \$ _____	TOTAL FIXED LIABILITIES \$ _____	
TOTAL ASSETS \$ _____	TOTAL ASSETS \$ _____	TOTAL LIABILITIES \$ _____	
I, _____, do solemnly swear that all statements on the Application are true and correct		NET WORKING CAPITAL (Difference between Current Assets & current Liabilities) \$ _____	
Subscribed and sworn to before me this _____ day of _____, 20____. My commission expires: _____		NET WORTH (difference between Total Assets & Total Liabilities) \$ _____	
Notary Public			

Name (Company Official Sign Here)

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

THIS FORM MUST BE USED

Inquiry regarding _____

(Name of applicant & name under which certification is to be issued)

Checking Account Yes No

Other Accounts Yes No List _____

Line of Credit Yes No

Credit Limit: \$ _____

Secured? Yes No

Credit Experience Satisfactory Unsatisfactory None

Relationship Satisfactory Unsatisfactory

Comments _____

DATE: _____

Name of Financial Institution

Address

City State Zip

BY: _____
Signature of Official

Title

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

Notary Public

My Commission Expires:

MAIL TO: Mr. Vincent Maria, Executive Director
Jicarilla Apache Nation
Department of Labor
P.O. Box 507
Dulce, NM 87528

All information will be held in confidence.