Quileute Tribal Council
• QUILEUTE INDIAN TRIBE •
P.O. Box 279 • La Push, WA • 98350-0279
Phone: (360) 374-6163 • Fax: (360) 374-6311

New Vendor Application

1. Application for Certification as an Indian Preference Firm

   No need to fill this out if the firm is not Indian owned.

2. Federal Debarment and Suspension Certification

   Must be signed to certify that the vendor is not listed on the Federal debarment list.

   http://www.dol.gov/ofccp/regs/compliance/preaward/debarlst.htm (website for the list).

3. Insurance Requirements

   This form is for vendors/contractors rendering services to the Tribe. Please read the requirements to determine what part/if the form needs to be filled out.

4. W-9

   This form must be filled out to pay the vendor.

5. Business License Application

   A Quileute Business License is required for any work done on the reservation.

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APPLICATION FOR CERTIFICATION AS AN INDIAN PREFERENCE FIRM

1. Firm Identification (exactly as you want it to appear on all documents)

Name _____

Address _____

Address _____

Telephone _____

Date of Submission _____

Applying for

_____ 100% Indian Owned Certification

_____ 51% Indian Owned Certification

_____ 50% Indian Owned Certification

_____ less than 50% Owned Certification

Contact Person _____

Address _____

Telephone Business _____ Telephone Home _____

Type of Business (list all of businesses in which firm intends to engage):

_____

_____

_____

_____

Federal Identification Number or Social Security Number_____

Number of Employees_____ Number of Indian Employees_____

Year Business was established_____

2. Ownership

Type of Ownership (check one)

Sole Proprietorship_____

Partnership_____ attach copy of Partnership Agreements

Corporation_____ attach copy of the Certificate of Incorporation

Percent of Indian Ownership_____

For each Indian owner provide name, address, tribal affiliation, enrollment number, percent of ownership. Attach a separate list if you require more room.

_____

_____

_____

_____

For each non-Indian owner, list name, address, percent of ownership. Attach a separate list if you require more room.

_____

_____

_____

_____

3. Management

For each owner of more than 50% interest, all senior management personnel and members of the Board of Directors provide the following:

a) Name, address and social security number. If Indian, tribe and enrollment number.
b) Present position (description of duties).
c) Previous business experience.
d) Previous work experience in areas in which firm intends to engage.
e) Other previous work experience.
f) Education and training.
g) Other jobs presently held.

4. Certification

I hereby certify that the information provided in this application is true and compete to the best of my knowledge and belief. I further hereby certify that I have read the applicable TERO ordinances, criteria and procedures and do hereby submit to the jurisdiction provided for therein.

Name of Firm_____

By_____

(signature of authorized official)

Name (please print)_____

Title (please print)_____

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CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

1. CONTRACTOR certifies to the best of its knowledge and belief that it and its principals:

   A. Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;

   B. Have not, within a three-year period preceding this certification, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, tribal, state, or local) transaction or contract under a public transaction; violation of federal, tribal, or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

   C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, tribal, state, or local) with commission of any of the offenses enumerated in paragraph 1(B) of this certification; and

   D. Have not, within a three-year period preceding this certification, had one or more public transactions (federal, tribal, state, or local) terminated for cause or default.

2. If CONTRACTOR is unable to certify to any of the statements in this certification, CONTRACTOR must attach an explanation.

3. CONTRACTOR must give immediate written notice to the TRIBE if it learns that any of the statements in this certification are no longer true or were erroneous at the time they were made.

4. CONTRACTOR must obtain a similar certification from any prospective subcontractor and must not knowingly enter into any lower-tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in covered transactions, unless authorized by the TRIBE and the relevant federal agency.

Contractor Name: _____	Signature: _____
Date: _____	By (Print Name): _____
	Its (Title): _____

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INSURANCE REQUIREMENTS

☐ **WORKMEN'S COMPENSATION** – In the event that a contractor engages employees in the performance of this contract, the firm must certify coverage of any paid employees and submit evidence of such coverage in amount acceptable to the TRIBE or be listed on the State of Washington, Department of Labor & Industries, list of self-insured employers at http://www.lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/FindEmps.

☐ **PROFESSIONAL LIABILITY**-If the firm is a licensed professional (such as a health care provider, attorney, accountant, etc.), s/he must provide proof of current professional licensing and professional liability insurance with limits acceptable to the TRIBE.

☐ **COMMERCIAL GENERAL LIABILITY**-the firm must certify, and provide proof of coverage, that it has current commercial general liability insurance with a minimum bodily injury and property damage per occurrence limit of $500,000. The policy shall include Products/Completed Operations coverage with a minimum of $500,000. The policy shall contain the following provisions:

1. Blanket contractual liability coverage for liability assumed under this Contract, including but not limited to liability assumed under paragraph 10 and all contracts and subcontracts relative to this Contract.
2. Thirty (30) day notice of cancellation in favor of the TRIBE.

☐ **AUTOMOBILE LIABILITY INSURANCE,** for all firm owned, non-owned and hired vehicles with a minimum combined single limit of $500,000 per occurrence for bodily injury and property damage. Alternate acceptable limits are $250,000 bodily injury per person, $500,000 bodily injury per occurrence and at least $100,000 property damage liability per accident.

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here | **Signature of U.S. person ▶** | **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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Business License Application

For Operations During 20__

Complete the entire application, sign, and enclose payment for the full amount. Return to the above address attn.: Executive Secretary.

Business License Classification:	Fee	Total
General Mercantile Business	$ 50.00 per business	_____
Motel, Cabin, Hotel, Rooming House, or Fishing Resort	$ 50.00 for first 15 units plus $ 5.00 for each add'l unit	_____
Trailer and Camper Parks	$ 50.00 for first 15 units	_____
Operation of a Charter Boat	$ 50.00 plus 5% of the Gross Receipts paid quarterly	_____
Boat Moorages	$ 50.00 plus $5.00 for each moorage use	_____
Boat Launch	$ 25.00	_____
Operation of Commercial Fishing Boat	$ 50.00	_____
Tackle Shop	$ 50.00	_____
Fish Buying License	$ 50.00	_____
Gas and/or Oil Floats	$ 50.00	_____
Liquor	$ 75.00	_____
Other	$ 25.00	_____
	Total	_____

I, the undersigned, hereby state the above information is both correct and true. I will abide by all Ordinances and Regulations enacted by the Quileute Tribal Council concerning the conduct required of businesses on the Reservation.

Business Name and Address _____

_____

_____

Signed: _____ Date: _____