REQUIREMENTS FOR CERTIFICATION

1. A. Application: [ ] Construction Contracting
   [ ] General Contractor - Lic. # ____________ Class. ________
   [ ] Special Trades - Lic. # ____________
   [ ] Subcontractor

2. B. Application: [ ] Professional Services
   [ ] Supplier
   [ ] Professional Services

   Required documents based on business structure (i.e., Partnership, Corporation, Joint Venture, LLC) - Refer to applicable section in Certification Application

3. Copy of IRS Identification No.

4. Resume' of Owner(s)
   Include Business Experience, Personal Information, Education, Military Service (If Applicable) & References (Professional and Personal)

5. List of Past Projects
   (Include Owner, Completion Date & Amount of Project)

6. Financial Statement in Company's Name (Must be Notarized)

7. Organizational Chart

8. Duties & Responsibilities of Owner(s) or Top Echelon

9. Certificate of Indian Blood

10. Business Plan
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. ____________
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.

Date: _______________________

PART A. GENERAL INFORMATION

LEGAL BUSINESS 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)

E-MAIL ADDRESS: ___________________________________________________________

TELEPHONE NUMBER: (_____) ________________________________

CELLULAR TELEPHONE NUMBER: (_____) ________________________________

FAX NUMBER: (_____) ________________________________

Applicant Intends to do Business As: _______ Sole Owner; Complete Part B
 _______ Partnership (Limited or Uniform); Complete Part C
 _______ Corporation; Complete Part D
 _______ Limited Liability Company; Complete Part E
 _______ Joint Venture; Complete Part F
NAVAJO BUSINESS OPPORTUNITY ACT PRIORITY CERTIFICATION
Professional Services
Page Two (2)

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.

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Social Security # and/or EIN #</th>
<th>Enrollment Census No.</th>
<th>Status (N, OI)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

(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. 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? ________.
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.

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Social Security #</th>
<th>Title</th>
<th>Enrollment Census No</th>
<th>Status (N,OI,NI)</th>
<th>% Ownership Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) ______________</td>
<td>___________</td>
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<td>_______________</td>
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<td>_______________</td>
<td>(Tribe)</td>
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<td>2) ______________</td>
<td>___________</td>
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<td>(Tribe)</td>
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</tbody>
</table>

If additional space is required, please attach all information on a separate sheet and entitle it “Part
C.3. Continuation”.

C.4. Required documents include Partnership Agreement.
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? ________.

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.

<table>
<thead>
<tr>
<th>Office</th>
<th>Name/Addresses</th>
<th>Tribal Affiliation</th>
<th>Percentage (%) of Stock/Share Owned</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vice-President</td>
<td>____________________________</td>
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<tr>
<td>Secretary</td>
<td>____________________________</td>
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<tr>
<td>Treasurer</td>
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<tr>
<td>Director</td>
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<td>Director</td>
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<tr>
<td>Director</td>
<td>____________________________</td>
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</tbody>
</table>

D.4. The number of Shares/Stocks Authorized

Common Stock/Share issued ____________________________
Preferred Stock/Share issued ____________________________
Unissued Stock/Share ____________________________
TOTAL STOCK/SHARE AUTHORIZED ____________________________
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? ________.
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.

<table>
<thead>
<tr>
<th>Office</th>
<th>Name/Addresses</th>
<th>Tribal Affiliation</th>
<th>Percentage (%) of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager's</td>
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<td>Manager's</td>
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<tr>
<td>Member's</td>
<td>__________________________</td>
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E.4. Is the LLC manager managed OR member managed OR manager-member managed?

________________________________________
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.
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Tribal Affiliation</th>
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</table>

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:

<table>
<thead>
<tr>
<th>Number of Navajo Workers</th>
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<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td>Number of Other Indian Workers</td>
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<tr>
<td>Number of Non-Indian Workers</td>
<td></td>
</tr>
<tr>
<td>TOTAL WORKFORCE</td>
<td></td>
</tr>
</tbody>
</table>

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).
NAVAJO BUSINESS OPPORTUNITY ACT PRIORITY CERTIFICATION
Professional Services
Page Eight (8)

G.8. Has your company ever filed for Bankruptcy before? ______Yes   ______No
If yes, please explain
____________________________________________________________________
____________________________________________________________________

G.9. Concisely (60 words or less) 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.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

**PART H. CERTIFICATION**

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**

Date:______________ ______________________________ Title___________________

Date: _____________ ______________________________ Title___________________

Date: _____________ ______________________________ Title___________________

Date: _____________ ______________________________ Title___________________

Date: _____________ ______________________________ Title___________________