



**TO: TERO-CERTIFIED VENDOR**  
**FROM: TERO STAFF**  
**RE: CERTIFICATION ADDITION**

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Thank you for applying to add an area of certification. The complete application must be turned in **ten (10) calendar days prior** to the monthly Commission meeting (normally held on every third Thursday of the month). Please pay a \$ **100.00 application fee** (a fees form is attached).

**TURN IN COMPLETE APPLICATION TEN DAYS PRIOR TO MEETING)**

If and when your business is approved, you will be required to pay an additional \$ **100.00** certification fee. ***You are not considered certified in an additional area until your area has been approved by the TERO Commission.***

If you have any questions regarding the application or the program, please contact Evan Stamper, Compliance Officer at 828-359-6545. Thank you.

**Please initial to show that you have read and understand \_\_\_\_\_**



## Vendor – Certification Addition

Tribal Employment Rights Office (TERO)  
Ginger Lynn Welch Complex  
Cherokee, NC 28719

828-359-6421  
Fax: 828-359-0068  
[tero@nc-chokeee.com](mailto:tero@nc-chokeee.com)

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Name

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Title

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Name of Business

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Address (mail and physical, if different)

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Phone

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Mobile Phone

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Fax

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Other Phone or EMAIL

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Tribal affiliation and enrollment number (please attach copy)

**Area(s) of Certification requested** (please refer to the North American Industry Classification website, <http://www.census.gov/epcd/naics> (or ask for assistance from assigned Compliance officer). Each area of certification is treated independently and requires a separate application fee:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

**List all licenses, training and certification held by owners and employees:**

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**List three major projects performed within past twelve months:**

	Name	Location	Contact	Address	Phone No.
1)	<hr/>				
2)	<hr/>				
3)	<hr/>				

**List major business equipment/assets possessed:**

Description	Quantity	Owned or Leased?
<hr/>		
<hr/>		
<hr/>		

**List special licenses or certifications that you possess:**

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**Please turn in the following required documentation:**

- Addition of new services on insurance policy**
- Applicable licenses**
- \$100.00 application fee receipt**

## TERO COMPLIANCE OFFICER REVIEW AND DETERMINATION

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**FOR OFFICE USE ONLY**

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**Name of Business**

**Information verified by** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Certification Addition**  **APPROVED** /  **DENIED** on Date: \_\_\_\_\_

**Notes:** \_\_\_\_\_

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