

TO: TERO-CERTIFIED VENDOR

FROM: TERO STAFF

RE: INDUSTRY AREA ADDITION CERTIFICATION

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 for each trade area you want to add (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.

Please note: TERO Vendors are required to re-certify their status annually by March of each year. Vendors shall pay \$175 for each area of re-certification. New Vendors certified by the Commission before September shall pay the re-certification fee for the upcoming year.

If you have any questions regarding the application or the program, please contact a Compliance Officer.

Jim Panther, Compliance Officer
(d) 828.359.6543
(m) 828.736.3627
jamepant@nc-cherokee.com

Jake Crowe, Compliance Officer
(d) 828.359.6544
(m) 828.736.6703
jacocrow@nc-cherokee.com

Heather Younce, Compliance Officer (d) 828.359.6545 (m) 828.736.3318

heatyoun@ebci-nsn.gov

Thank you.

Please initial to confirm that you have read this page



TERO Vendor Industry Area Addition Application

Name	Title	,
Name of Business		
Mailing Address		
Physical Address		
Business Phone	Mobile Phone	Fax
EMAIL Address		
Tribal Affiliation (please provide copy of Enrollment Card)		Enrollment Number
website, <u>NAICS Search (censu</u>	sted (please refer to the North Amer as.gov) (or ask for assistance from as ated independently and requires a s	signed Compliance Officer).
1)		
2)		
2)		

Name License Holder	rtification held by	owners and employees. Issuing Authority & Name of Li	cense/Certification
1)			
2)			
3) [
List three major projects perfor	med within past to	welve months: Location/Address	Phone No.
Nume	Contact	Locution/Address	PHONE NO.
1)			
2)			
3)			
~, -			
List major business equipment/ Quantity Description	assets possessed:	Own	ned or Leased?
			red of Leasea:
1)			
2)			
3)			
Please turn in the following req	•		
Addition of new serv	rices on insurance	policy	
☐ Applicable licenses	_		
☐ \$100.00 application f	fee receipt		
	FOR OFFICE U	SE ONLY	
Name of Business			
Information verified by		Date:	
Industry Area Addition Certifica			
Notes:			