



TO: TERO-CERTIFIED VENDOR
FROM: TERO STAFF
RE: INDUSTRY AREA ADDITION CERTIFICATON

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.

Jake Crowe, Compliance Officer
(d) 828.359.6544
(m) 828.736.6703
jacocrow@ebci-nsn.gov

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

Area(s) of Certification requested (please refer to the North American Industry Classification website, [NAICS Search \(census.gov\)](https://www.census.gov/naics/) or www.naics.com. A TERO Compliance Officer will be happy to assist you upon request. Each area of certification is treated independently and requires a separate application fee:

- 1) _____
- 2) _____
- 3) _____

Please turn in the following required documentation:

Addition of new services on insurance policy

\$100.00 application fee receipt

Applicable licenses

List all licenses, training and certification held by owners and employees.

<i>Name License Holder</i>	<i>Issuing Authority & Name of License/Certification</i>
1) _____	_____
2) _____	_____
3) _____	_____

List three major projects performed within past twelve months:

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

List major business equipment/assets possessed:

<i>Quantity</i>	<i>Description</i>	<i>Owned or Leased?</i>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

FOR OFFICE USE ONLY

Name of Business _____

Information verified by _____ **Date:** _____

Industry Area Addition Certification **APPROVED** / **DENIED** on Date: _____

Notes: _____

