

United Keetoowah Band Housing Department

Contractor Application

The United Keetoowah Band of Cherokee Indians in Oklahoma is offering an opportunity to local businesses and self-employed individuals to participate in contracting for various types of business. We are compiling a list of eligible contractors. In order to participate, please complete the application and submit requested documents.

-----PERSONAL INFORMATION-----

LAST, FIRST NAME

SOCIAL SECURITY NUMBER

ADDRESS

TRIBAL AFFILIATION

CITY, STATE, ZIP

PHONE NUMBER/CELL PHONE

EMAIL ADDRESS

FAX NUMBER

-----BUSINESS INFORMATION-----

BUSINESS NAME

YEARS IN BUSINESS

TYPE OF BUSINESS

FEDERAL ID NUMBER

YEARS OF EXPERIENCE

NUMBER OF EMPLOYEES

TYPE OF BUSINESS

LICENSE NUMBER

LICENSE TYPE

LICENSING AGENCY

LIST ALL LICENSES, TRAINING, AND CERTIFICATIONS HELD BY OWNER AND EMPLOYEES:

Are you or any of your employees related to employees or council members of the United Keetoowah Band of Cherokee Indians in Oklahoma? ____YES ____NO

If yes, please list name:_____

Have you been convicted of a felony within the last seven years? ____YES ____NO

If yes, please describe:_____

Do you carry General Liability? ____ Workmens Comp? ____ Vehicle Insurance? ____

Insurance Company_____ Phone Number _____

LIST THREE PROFESSIONAL REFERENCES:

	NAME	BUSINESS NAME	ADDRESS	PHONE NUMBER
1.	_____			
2.	_____			
3.	_____			

LIST THREE MAJOR PROJECTS PERFORMED WITHIN THE LAST TWELVE MONTHS:

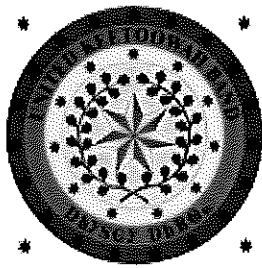
	PROJECT NAME	LOCATION	CONTACT INFORMATION	PHONE NUMBER
1.	_____			
2.	_____			
3.	_____			

I represent and warrant that I have read and fully understand the foregoing and that I seek to be considered for contracting under these conditions.

I also understand that if I am selected to perform work and if any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation.

SIGNATURE

DATE



United Keetoowah Band Housing Department

Mailing Address: PO Box 60, Park Hill, OK 74451

18300 W Keetoowah Circle, Tahlequah, OK 74464

Phone 918-871-2773

Fax 918-414-4073

Re: Contractors/Vendors

Worker's Compensation: In accordance with State Worker's Compensation laws for the State on which the work is located.

Commercial General liability: Combined Single limit for bodily injury and property damage of not less than \$1,000,000.00 per occurrence.

Automobile Liability: Combined single limit for bodily injury and property damage of not less than \$500,000 per occurrence.

The Contractor is responsible for assuring that each subcontractor also carries the above required minimum insurance coverage and continues such coverage in full force and effect for the construction period and until final acceptance of all work.

Nicole O'Kelly
Procurement & Contracts Specialist
Phone: (918) 871-2818
Email: no'kelly@ukb-nsn.gov

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* 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 for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

DOCUMENTS REQUIRED TO BE CONSIDERED A COMPLETE APPLICATION:

- ___ Application Completed, Signed and Dated
- ___ Copy of Tribal Membership Card (CDIB)
- ___ W-9 Taxpayer's Information
- ___ Copy of Business Liability Insurance
- ___ Copy of Valid Driver's License
- ___ Copy of Workman's Comp
- ___ Copy of Social Security Card
- ___ Excluded Parties List System

Received By: _____

Date: _____