



The Confederated Tribes of the Colville Reservation  
**Tribal Employment Rights Office**  
Post Office Box 150, Nespelem, WA 99155  
Phone: (509) 634-2716 Fax: (509) 634-2740



Steps to becoming Title 10 Certified with CCT TERO

1. Fill out the Title 10, Chapter 10-3 Certification Application. Please read and fill out completely. Provide copies of all requested documentation.
2. Obtain & Provide Business License Number. To obtain license please call:  
  
State of Washington  
Business Guide  
1-800-451-7985  
\*fees may need to be paid to obtain License\*
3. Contractor Registration Number will be needed. If you need to apply for a contractor registration number please contact:  
  
Department of Labor & Industries  
Contractor's Registration Section  
P.O. Box 44000  
Olympia, WA 98504-4450  
1-800-647-0382  
Fax: 1-360-902-5228  
\*fees may need to be paid to register\*
4. Industrial Insurance will be needed. Please provide documentation of insurance.
5. Indian Traders License will be needed. You may apply at:  
  
BIA- Colville Agency  
Attn: Indian Trader's License  
P.O. Box 111 (10 Nez Perce Street, Bldg 82)  
Nespelem, WA  
\*there will be \$5.00 fee payable by Cashier Check or Money Order\*
6. Federal ID Number will be needed. To obtain Federal ID Number contact:  
  
Internal Revenue Service Center Attn: EIN International Operation  
Cincinnati, OH 45999  
FAX-TIN: 1-859-669-5987

Quickest way to register is online <http://www.irs.gov/businesses/small/index.html>. or VIA telephone 1-800-829-3676.  
Faxing takes 10 days, mail takes up to 3 months. (Also known as EIN)

## BUSINESS STRUCTURE

An applicant seeking to qualify for preference in contracting and/or subcontracting as a 100% Colville Business Enterprise, Colville Family Business Enterprise, Colville Business Enterprise, or other Indian Business Enterprise shall submit proof of the applicant's Indian or Indian family ownership and control to the TERO office of the Tribes.

The following ownership and control requirements applicable to each preference category are as follows:  
Please check the box you are applying for: **(ONLY ONE PLEASE)**

1. 100% Colville Business Enterprise:

- A. **Ownership** -- Enrolled Colville Tribal Members must own 100% of the firm.
- B. **Control** -- Enrolled Colville Tribal Members must exercise 100% management and supervisory control of the day-to-day operations of the business. All key employees must be Colville members

2. Colville Family Business Enterprise:

- A. **Ownership** -- The firm must be 100% owned by a Colville member or a marital community consisting of a Colville member and a non-Colville spouse.
- B. **Control** -- The Colville member and their non-Indian spouse, parent or children must exercise 100% management control and supervisory control of the day-to-day operations of the business.

3. Colville Business Enterprise:

- A. **Ownership** -- Enrolled Colville Tribal Members must own at least 60% of the firm.
- B. **Control** -- Enrolled Colville Tribal Members must exercise majority control of the business and be substantially involved in the day-to-day management and operations of the business.

4. Indian Business Enterprise

- A. **Ownership** -- Indians must own at least 60% of the firm.
- B. **Control** -- Indians must exercise majority control of the business, and be substantially involved in the day-to-day management and operations of the business.

Provide an original Certification of Indian Blood from any authorized Federally Recognized Tribe, United States or Canada.

Please check the box below which describes the structure of your business:

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION BELOW IN  
THE BOX YOU HAVE SELECTED:

Individual Proprietorship: Attach the following: The last three years Financial Statement; Prior three years Federal Tax Returns including all schedules; Resumes of principals of your company showing education, training, and employment of with dates; Proof of ownership; Proof of capital invested and Photo ID.

Partnership: Attach the following: The last three years Financial Statements; Federal Partnership Tax Returns including all schedules; Resumes of all partner showing education, training, and employment with dates; Partnership agreements; Buy out rights agreements; Profit sharing agreement; Proof of Capital invested and Photo ID.

Corporation: Attach the following: Last three (3) years Financial Statements; Prior three (3) years Federal Corporate Tax Returns including all schedules; Resumes of principals of your company, showing education, training, and employment with dates; Articles of Incorporation, including certificate of Incorporate by State and any subsequent amendments; Minutes of first corporate organizational meeting and most recent meeting; Last years annual report; Corporation by Laws; Stock ledgers; Proof of stock purchase; Copies of third party agreements such as rental management service agreement, etc.; Copies of stock issued, Photo ID. and proof a Tribal affiliation for all members.

BEFORE CERTIFYING, THE T.E.R.O. DIRECTOR WILL REVIEW FINANCIALS, STAMP THE REVIEWED AND THEN RETURN THEM TO THE OWNER.

Ownership Requirements: The following factors will be applied in determining whether the firm meets the minimum ownership requirements for the applicable certification category:

1. VALUE: The Indian owners must establish that they provide real value for their stated ownership interest by providing CAPITAL, EQUIPMENT, REAL PROPERTY OR SIMILAR ASSETS, commensurate with the value of their ownership share.
2. PROFITS: The Indian owners must receive the PERCENTAGE or ALL PROFITS equal to their ownership interest.

\*NOTE: For more information on ownership and control requirements, see CTC Title 10, Chapter



*Confederated Tribes of the Colville Reservation*  
**Tribal Employment Rights Office**

Post Office Box 150 - Nespelem, Washington 99155

Ph. (509) 634-2716 Fax (509) 634-2740



## TITLE 10, CHAPTER 10-3 CERTIFICATION APPLICATION

Business (Trade) Name:		
Address (City, State, Zip Code)		
Contact Person (Last, First, M.I.)		
Business Phone:	Business Fax Phone:	E-mail Address:
Business Location:		
Business License No.	Contractor Registration No.	
Industrial Insurance Account/policy No. And under What Name?		
Corporation No. (If Applicable)		
Indian Traders License:	Federal Id. No.	
No. Of Employees:	No. Of Indian Employees:	Year Established:
Tribal Enrollment No.		



Fill out this Page ONLY if you are a Corporation

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**PRESIDENT**

Name:		
Address:		
Business Phone:	Home Phone:	Fax No:
Federally Recognized Indian: _____ Yes _____ No (non-Indian)	Tribal Affiliation:	Tribal ID No.
_____ Principal Partner or _____ Limited Partner	Percent of Ownership:	

**VICE PRESIDENT**

Name:		
Address:		
Business Phone:	Home Phone:	Fax No:
Federally Recognized Indian: _____ Yes _____ No (non-Indian)	Tribal Affiliation:	Tribal ID No.
_____ Principal Partner or _____ Limited Partner	Percent of Ownership:	

**SECRETARY OR CLERK**

Name:		
Address:		
Business Phone:	Home Phone:	Fax No:
Federally Recognized Indian: _____ Yes _____ No (non-Indian)	Tribal Affiliation:	Tribal ID No.
_____ Principal Partner or _____ Limited Partner	Percent of Ownership:	

**TREASURER**

Name:		
Address:		
Business Phone:	Home Phone:	Fax No:
Federally Recognized Indian: _____ Yes _____ No (non-Indian)	Tribal Affiliation:	Tribal ID No.
_____ Principal Partner or _____ Limited Partner	Percent of Ownership:	



## CONTROL OF COMPANY, cont.

D. SUPERVISION OF FIELD PERSONNEL			
NAME	TITLE	NATIVE AMERICAN (YES or NO)	TRIBAL AFFILIATION

E. BIDDING AND CONTRACTING			
NAME	TITLE	NATIVE AMERICAN (YES or NO)	TRIBAL AFFILIATION

F. SIGNING AUTHORITY			
NAME	TITLE	NATIVE AMERICAN (YES or NO)	TRIBAL AFFILIATION



C. Colville Business Enterprise or Indian Business Enterprise:

All firms applying for certification as a Colville Family Business or Indian Business Enterprise must declare as follows:

I hereby declare under penalty of perjury under the laws of the Colville Tribe that: (1) ONE or MORE of the Indian owners must be substantially involved (as a senior level official), in the day-to-day management and operation of the firm, and (2) Indians are employed in all or most of the positions for which qualified Indians are available.

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Signature of Authorized Official

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Print Name and Company Title

Enterprise or Organization: \_\_\_\_\_

The Colville Confederated Tribes T.E.R.O. has reviewed all documentation and application submitted on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. The T.E.R.O. office is prepared to issue this notice as official certification for the above name Indian owned enterprise or organization.

This firm is hereby certified as a: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certification Approval Date

\_\_\_\_\_  
T.E.R.O. Director

\_\_\_\_\_  
REISSUED OR REVIEWED INITIATED

\_\_\_\_\_  
\_\_\_\_\_  
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#### Firms Certified Prior to the Adoption of These Criteria:

Each firm holding Indian preference certification from the Tribes prior to the effective date of this amended Code shall submit an application required under these criteria to the TERO within 30 days after the effective date of this amended Code. If the TERO determines that the firm qualifies under these new criteria, it shall, within 45 days of receipt of the application, so find. Should the TERO require additional information from the firm, computation of the 45-day period shall be stayed by written notice from the TERO for a reasonable time to permit such information to be provided. If the TERO finds that certification is denied, the firm may appeal to the Commission as set out above.

#### Change in Status and Annual Reports:

Each certified firm shall report to the TERO, in writing, any changes in its ownership or control status within 30 days after such changes have occurred. Each certified firm, on the anniversary of its receipt of permanent certification, shall update the information provided in this initial application on an Annual Report form provided by the TERO. Failure to provide information pursuant to these requirements shall constitute grounds for TERO to move for withdrawal of certification.

## INDIAN PREFERENCE\*\*

All agencies and instrumentalities of the Confederated Tribes of the Colville Reservation shall give preference to qualified Indian Business Enterprises when awarding contracts. Consistent with procedures and requirements outlined in this section, preference shall be given in the following order:

1. 100% Colville Business Enterprises
2. Colville Family Business Enterprise
3. Colville Business Enterprises
4. Indian Business Enterprises

All Requests for Proposals, Invitations for Bids, or other contract solicitations shall contain a statement that Indian preference applies in the award of the contract and in the work to be performed pursuant to the contract.

\*The following Certification Procedures, is in the Colville Tribal Code, Title 10, Chapter 10-3-3

\*\*The following, Indian Preference, is in the Colville Tribal Code, Title 10, Chapter 10-3-4

## GENERAL & SPECIALTY CONTRACTORS:

Select up to Sixteen Specialties from the List below

Enter below the Two Digit Code(s) in the Boxes Provided Below:


### CODE DESCRIPTION & CSI NUMBERS

- 01 Roads & Bridges (small) (00100a, 00200a, 00201a)
- 02 Demolition (02050, 02060)
- 03 Tree Service (02050, 02060)
- 04 Structure Moving (02120)
- 05 Pile Driving & Underpinning (021112, 02112, 02350)
- 06 Earth Work (02200, 02283, 02519)
- 07 Sanitary & Storm Drainage (02400, 02434, 02721, 02723)
- 08 Irrigation Sprinkler System (02441, 02442)
- 09 Fencing (02444, 02446, 02451)
- 10 Signs (02452, 10440)
- 11 Recreational Facilities (02462)
- 12 Landscaping (02480, 02485)
- 13 Asphalt Paving (02513)
- 14 Concrete (02515, 03000, 03603)
- 15 Concrete Curbs (02528, 02529a)
- 16 Concrete Sawing, Drilling, Demolition (03800, 03803a)
- 17 Well Drilling & Casing (02730, 02733)
- 18 Septic Tanks & Sewage Treatment (02740, 02743)
- 19 Marine Work (02880, 02890, 00202a)
- 20 Dredging (02881)
- 21 Masonry (04200, 04451)
- 22 Masonry Restoration & Cleaning (03700, 03730, 04500, 04520)
- 23 Refractory Installation (04550, 04555)
- 24 Welding (05060)
- 25 Structural Metal Framing (05100, 05162)
- 26 Metal Fabricators (05500, 05730)
- 27 Reinforcing Steel Placement (05602a)
- 28 Carpentry Rough/framing (05100, 05162)
- 29 Log Joinery
- 30 Carpentry Finish & Cabinets (06200, 06240, 06400, 06431)
- 31 Water and Damp - Proofing (07100, 07193)
- 32 Insulation (07200, 07240, 00017a)
- 33 Fire Proofing (07250, 07260)
- 34 Roofing-shingles (07300, 07322)
- 35 Roofing-preformed (07400, 07466)
- 36 Roofing-membrane (0750, 07460)
- 37 Flashing & Sheet Metal (07600, 07661)
- 38 Door Installation (08100, 08450, 08721)
- 39 Glazing/windows (08500, 08720, 08722, 8920)
- 40 Plaster/lath (09200, 09225, 00015a)
- 41 Drywall (09250, 00012a)
- 42 Tile (09300, 09380)
- 43 Terrazzo (09400, 09440)

### CODE DESCRIPTION & CSI NUMBERS

- 44 Acoustical Treatment (09500, 09530, 00011a)
- 45 Wood Flooring (09550, 09595)
- 46 Stone & Brick Flooring (09600)
- 47 Resilient Floor (09650, 09675, 09750, 09755)
- 48 Carpeting (09680, 09690)
- 49 Special Flooring (09700, 09741)
- 50 Special Coating (09800, 09875)
- 51 Painting (09900, 09930)
- 52 Wall Covering (09950, 09990)
- 53 Locks & Security Facilities (10000)
- 54 Partitions (10600, 10623)
- 55 Water Treatment
- 56 Food Service Facilities (11400)
- 57 Pre-engineer Structures (13120, 13125)
- 58 Elevators, Lifts, Conveyers (14200, 14230, 02720)
- 59 Plumbing & Piping (15300, 15485, 02700, 14230)
- 60 Fire Protection (15500, 15570, 13970)
- 61 Boiler, Hot water, & Steam System (15600, 15642, 15700, 15799)
- 62 Refrigeration (15650, 15699)
- 63 Heating, Ventilation & Air Conditioning (15800, 15895)
- 64 Controls & Instrumentation (15900, 15970, 16900, 16962)
- 65 Electrical Wiring, Generation & Lighting (16400, 16650, 00013a)
- 66 Communication & Detection (16700, 16781)
- 67 Solar Systems (10700)
- 68 Siding
- 69 Short Log Logging Trucks
- 70 Long Log Logging Trucks
- 71 Logging (Tractor-Cable-Mech. Harvester etc.)
- 72 Self Loader - Trucks
- 73 Lowboy Trucks
- 74 Road Grading
- 75 Road Construction
- 76 Water Truck (*Pumper Truck*)
- 77 Super Train Logging Truck (Long Logs + Pup)
- 78 Harvest Operator
- 79 Wood Cutter

# STEP 2

**Obtain & Provide Business License  
Number. To obtain license please call:**

**State of Washington**

**Business Guide**

**1-800-451-7985**

**\*fees may need to be paid to obtain  
License\***

# For Washington State:

## File a Business License Application

### More Information:

- Get your customized [Business Licensing Guide](#)
- [Regulatory Improvement Survey](#)

The Business License Application is a simplified form used to apply for many state licenses, registrations, and permits. It's also used to apply for some city licenses.

## Who should file, and when?

You must file a Business License Application when you first start your business, or when you change or update your business. You'll need to file (or re-file) if you want to:

- Get a state business license or Unified Business Identifier (UBI) number.
- Get a new [city license](#) or [specialty license](#) (such as a liquor license).
- Change ownership of a business.
- [Change business locations](#) or [add a new location](#) to your existing business.
- Register or change a [trade name](#).
- Hire employees (including minors and workers in the home).
- Change your [unemployment insurance](#) or [industrial insurance](#) coverage.

## How to file

### **Online - The fastest way to file!**

Online applications are typically processed within five business days. It may take up to 21 days if you file by mail.

1. [Complete a Business License Application online](#) using an E-check or a MasterCard, Visa, Discover or American Express credit or debit card (gift cards cannot be used). **Note:** The credit/debit card option is provided to you by a private, non-state vendor that will impose a 2.5% convenience fee for the service.
  - Mobile devices (tablets, smart phones, etc.) are not recommended.

For [certain activities](#), you should file a paper application.

### **Paper**

1. Complete the [Business License Application](#) and any supplemental forms that apply to your business. To find out which supplemental forms you'll need, see the [Business Licensing Guide](#).
2. Mail your completed application, supplemental forms, and a check or money order for applicable [fees](#) to the address on the form.

### **See also:**

- [State tax registration](#)
- [Add or change trade names](#)
- [Add employees](#)
- [Minor work permit](#)
- [Change partners, officers, members or managers](#)
- [Change your business structure](#)
- [Close your business account](#)
- [What are my next steps?](#)

### 3. Owner Information

Ownership Structures

**a. Select only ONE ownership structure:**

- Sole Proprietor  
 If married, should spouse's name appear on license?  Yes  No *(If you answer No, you must still enter the spouse information in section "3f" below.)*
- Corporation\*     Non Profit Corporation\* *(educational, religious, charitable)*     Limited Liability Company\*  
 Partnership (# of partners: \_\_\_\_\_)     Joint Venture  
 Limited Partnership\*     Limited Liability Partnership\*     Limited Liability Limited Partnership\*  
*\*These ownership structures must contact the Secretary of State office for additional filing requirements.*

\_\_\_\_\_  
 Name of Corporation, LLC, Partnership, LLP, LLLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC)

State incorporated/formed: \_\_\_\_\_ Year incorporated/formed: \_\_\_\_\_

- Association     Trust     Municipality     Tribal Government    Other \_\_\_\_\_

\_\_\_\_\_  
 Name of Organization (example: Anderson Family Trust)

**b. Business Open Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ *Provide the ownership structure's first date of business at this location. Out-of-state businesses should use the first date of operation in WA. (Required. If unknown, please estimate.)*  
 MM          YY

**c.** \_\_\_\_\_ Is this location inside city limits?  Yes  No  
 Business Name/Trade Name

**d.** \_\_\_\_\_ Business Mailing Address *(Street or PO Box, Suite No. do not use building name)*    Business Street Address *(if different than mailing) Do not use a PO Box or PMB.*  
 \_\_\_\_\_  
 City    State    Zip code    City    State    Zip code

**e.** (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_  
 Business Telephone Number                                  Fax Number                                  E-Mail Address

Governing Persons

**f. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attach additional pages if needed.)**

➤ \_\_\_\_\_  
 Name *(Last, First, Middle)*                                  Date of Birth                                  Social Security Number\*                                  % Owned  
 \_\_\_\_\_  
 Home Address *(Street or PO Box)*                                  City    State    Zip code  
 \_\_\_\_\_  
 Title    Home Telephone Number                                  Are you married?  Yes  No If yes, enter spouse information below.  
 \_\_\_\_\_  
 Spouse Name *(Last, First, Middle)*                                  Spouse Date of Birth                                  Spouse Social Security Number\*

➤ \_\_\_\_\_  
 Name *(Last, First, Middle)*                                  Date of Birth                                  Social Security Number\*                                  % Owned  
 \_\_\_\_\_  
 Home Address *(Street or PO Box)*                                  City    State    Zip code  
 \_\_\_\_\_  
 Title    Home Telephone Number                                  Are you married?  Yes  No If yes, enter spouse information below.  
 \_\_\_\_\_  
 Spouse Name *(Last, First, Middle)*                                  Spouse Date of Birth                                  Spouse Social Security Number\*

➤ \_\_\_\_\_  
 Name *(Last, First, Middle)*                                  Date of Birth                                  Social Security Number\*                                  % Owned  
 \_\_\_\_\_  
 Home Address *(Street or PO Box)*                                  City    State    Zip code  
 \_\_\_\_\_  
 Title    Home Telephone Number                                  Are you married?  Yes  No If yes, enter spouse information below.  
 \_\_\_\_\_  
 Spouse Name *(Last, First, Middle)*                                  Spouse Date of Birth                                  Spouse Social Security Number\*

*\*The Social Security Number is required for all sole proprietors. It is also required for all partners, officers, and LLC members of businesses that will have employees, and all owners and spouses of businesses that will have liquor, lottery or private investigator licenses. Not fully completing section "f" will result in application delays. (RCW 26.23.150, RCW 50.12.070)*

# STEP 3

**Contractor Registration Number will be needed. If you need to apply for a contractor registration number please contact:**

**Department of Labor & Industries  
Contractor's Registration Section  
POB 44000**

**Olympia, WA 98504-4450**

**1-800-647-0382**

**Fax: (360) 902-5228**

**\*fees may need to be paid to register\***



## Frequently Asked Questions: Contractor Registration

**Q: When do I need to register as a contractor in Washington?**

You must register if you do, or offer to do, or submit a bid to do any of the following types of work for someone else:

- Construct, remodel, alter or repair.
- Develop residential property.
- "Flip" homes.
- Move, wreck or demolish.

This doesn't just apply to construction projects; it also applies to related work, such as painting or floor coverings.

**Q: Do I need to take any special classes or tests before I register?**

No coursework or tests are required to register as a general or specialty contractor.

**Q: Could I be penalized for contracting without a contractor's registration?**

Yes. Labor & Industries is required to levy a minimum penalty of \$1,000 for a first offense, and the job you are working on could be shut down.

**Q: Can my spouse or child take over my business and registration?**

Your spouse may. If your child takes over the business, the business is considered a new one and your child must apply for a new registration.

**Q: When and why would I need to re-register?**

Any time the structure of the business, the type of work performed or ownership changes, a contractor is required to re-register with Labor & Industries.

**Q: When and how do I renew my registration?**

The registration is valid for two years after you register or renew, whichever comes first. You can renew your registration online (Go to Registering as a Contractor.) or by going to your local L&I field office to do it.

**Q: My company is very small. Why do I need the same bond amount as a large company?**

The \$12,000 bond amount applies to all general contractors and the \$6,000 bond amount applies to all specialty contractors, regardless of the size of the business. The type of work is the same.

**Q: What happens if my bond or insurance expires or is canceled by the company?**

If this happens, your insurance and/or bond company will notify L&I, and we will suspend your registration. When you deliver your insurance documents and pay the reinstatement fee to L&I, we will reinstate your registration.

**Q: Why do I have to provide my Social Security number and government issued identification?**

The law denies registration to individuals who have previously been registered that owe money to consumers or the state. ID numbers confirm eligibility for registration.

## Instructions for Application for Construction Contractor Registration

The following information is required:

**Type of Work Performed:** This information is for statistical reasons. You will not be held to the type of work you choose, and there is no violation for changing types.

**Business Entity:** Select the structure under which your business operates.

**Note:** Corporate structures must be registered with Washington Secretary of State prior to application.

1. **Business Name and Parent Company Name (a/b):** In **box 1.a**, enter the trade name registered with BLS. If you did not register a trade name with BLS, enter your personal name or the name registered with SOS. In **box 1.b**, enter the name registered with SOS if different than your Business Name.

**Note:** The business name (DBA) on the Application for Construction Contractor Registration, Bond, and Certificate of Liability Insurance must match exactly. The Business Name is required on all advertising: business cards, bids, estimates and other marketing material (RCW 18.27.100).

2. **Business Location:** The physical location of your business. PO Boxes will not be accepted.
3. **Mailing Address:** The address where business mail is received. It may be a PO Box.
4. **Business Telephone Number:** The primary telephone number to reach your business.
5. **Employer Identification Number (EIN):** The EIN assigned by the Internal Revenue Service (IRS).
6. **E-mail address (optional):** To be notified of upcoming contractor training events and changes to the law.
7. **Have you, your spouse, registered domestic partner or principal owners been previously registered as a construction contractor?**

If you mark **No** and have been previously registered, you may be fined up to \$10,000.00 for falsification of the application.

If you answer **Yes**, please provide the Unified Business Identifier(s) (UBI) and contractor registration number(s) that apply to you, your spouse, domestic partner, or principal owners.

8. **Continue to do business under current or previous registrations?** If you are going to continue to conduct business under current or previous registrations, mark **Yes**. If you wish to close a current registration, mark **No**.
9. **Industrial Insurance Account Number:** The number assigned by L&I when opening an Industrial Insurance account for employee coverage.
10. **Contractor Type:** General or specialty contractor? A general contractor is allowed to perform more than one construction trade. A specialty contractor is allowed only one construction trade. Check the box of your choice. Trades types are listed on page 6 of the application and more detailed definitions can be found on our website.
11. **Specialty Code:** If you checked the box for specialty contractor, write the corresponding code letters listed on page 6 (i.e., **BP** for Glass & Glazing). You may not perform work in any other trade.

### Specialty Contractor Trade Types

For definitions of specialty codes, please visit the L&I web site at [www.Contractors.Lni.wa.gov](http://www.Contractors.Lni.wa.gov).

<b>BG</b>	Appliances, equipment	<b>HM</b>	Handyman	<b>SY</b>	Steel erectors
<b>XX</b>	Asbestos and lead	<b>BR</b>	House moving	<b>SZ</b>	Structural pest control
<b>SA</b>	Awnings, canopies, patio covers and exterior screens	<b>SM</b>	Heating, ventilation, air-conditioning and refrigeration (HVAC/R)	<b>RA</b>	Suspended ceilings and acoustical tile
<b>AC</b>	Boiler, steam fitting, process piping	<b>SN</b>	Industrial equipment/machines	<b>RB</b>	Swimming pools, spas and hot tubs
<b>SB</b>	Cabinets, millwork and finish carpentry	<b>BT</b>	Institutional equipment, stationary furniture, lab tables, lockers	<b>RC</b>	Tanks and tank removal
<b>SC</b>	Central vacuum systems	<b>SO</b>	Insulation, moisture control and acoustical	<b>RE</b>	Tile, ceramic, mosaic and natural and manufactured stone
<b>SD</b>	Closets	<b>BV</b>	Irrigation sprinkler systems	<b>RF</b>	Tree removal
<b>AB</b>	Commercial/industrial refrigeration	<b>BW</b>	Landscaping	<b>RG</b>	Utilities and telecommunications
<b>BI</b>	Concrete	<b>SP</b>	Lathing and plastering	<b>RH</b>	Window coverings
<b>SE</b>	Construction, fire or water damage clean-up	<b>SQ</b>	Locks, security alarms and warning systems	<b>CP</b>	Water conditioning equipment
<b>SF</b>	Demolitions and salvage	<b>BZ</b>	Masonry	<b>RI</b>	Welding and ornamental metal
<b>SG</b>	Doors, gates and activating devices	<b>SR</b>	Manufactured/mobile home set up	<b>RJ</b>	Wood/pellet and gas stove
<b>RK</b>	Drain cleaning and snaking	<b>CG</b>	Metal Fabrication/ sheet metal	<b>WD</b>	Well Drilling
<b>SH</b>	Drilling, blasting and soil sampling	<b>OG</b>	Overhead/Garage doors		
<b>BK</b>	Drywall	<b>CB</b>	Painting and wall covering		
<b>Electrical: Please see RCW 19.28</b>		<b>SS</b>	Paving/stripping/seal coating		
<b>BL</b>	Elevator	<b>AD</b>	Plumbing: requires certification of individual(s)		
<b>SI</b>	Excavation, grading and land clearing	<b>PW</b>	Pressure washing		
<b>BN</b>	Fencing	<b>CD</b>	Roofing		
<b>SJ</b>	Fireproofing and coating	<b>ST</b>	Sandblasting		
<b>BO</b>	Fire protection	<b>SU</b>	Sanitation systems and/or side sewers		
<b>SK</b>	Floor covering and counter tops	<b>SV</b>	Scaffolding and safety railings		
<b>SL</b>	Framing and rough carpentry	<b>CF</b>	Service station equipment and maintenance		
<b>BP</b>	Glass and glazing	<b>SW</b>	Siding		
<b>CV</b>	Gutters and downspouts	<b>SX</b>	Signs		

### Complete Legal Names and Addresses

The following must be completed by all individuals listed with this registration.

12. Full Legal Name (First, Middle, Last) <u>Exactly as shown on government-issued identification.</u>			
13. Social Security Number	14. Date of Birth	15. Driver's License Number or Government Issue ID	
16. Residence Address (no PO Box)	City	State	Zip Code
17. Title <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Spouse <input type="checkbox"/> Member <input type="checkbox"/> Officer _____			

**Affidavit of Signature:** I certify under penalty of perjury under the laws of the State of Washington that all statements, answers, and representations made in this application are true and accurate.

**SIGN IN FRONT OF NOTARY:**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

**Notary Seal**

Subscribed and sworn to before me this date	My Commission Expires
Notary Public Signature	Residing at

12. Full Legal Name (First, Middle, Last) <u>Exactly as shown on government-issued identification.</u>			
13. Social Security Number	14. Date of Birth	15. Driver's License Number or Government Issue ID	
16. Residence Address (no PO Box)	City	State	Zip Code
17. Title <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Spouse <input type="checkbox"/> Member <input type="checkbox"/> Officer _____			

**Affidavit of Signature:** I certify under penalty of perjury under the laws of the State of Washington that all statements, answers, and representations made in this application are true and accurate.

**SIGN IN FRONT OF NOTARY:**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Notary Seal**

Subscribed and sworn to before me this date	My Commission Expires
Notary Public Signature	Residing at

**Note:** Lines 12-17 are required for each owner, partner, member, or corporate officer. Please make additional copies of page 5 when needed.



## APPLICATION FOR ELECTIVE COVERAGE

Sole Proprietor, Partners, For-Profit Corporate Officers, or Member/Managers of Limited Liability Company (LLC)

You may use this form to elect coverage for certain excluded employments as described in the Industrial Insurance laws of Washington, Title 51, RCW 51.12.020. Elective coverage is available for the exemptions described below. Please review your business entity type in 1, 2 or 3 and complete both sides of this form.

When electing coverage, your business must report and pay premiums for 480 hours or the actual hours worked by each covered sole proprietor, partner, LLC member or corporate officer each quarter, in accordance with WAC 296-17-31007. Hours must be reported until the elective coverage is canceled.

### 1. SOLE PROPRIETOR; PARTNERS; LIMITED LIABILITY PARTNERS:

Coverage can be elected for individual or all owners. All owners electing coverage must sign this form (see reverse.)

### 2. FOR-PROFIT CORPORATIONS: If electing coverage, all officers must be reported and all exempt officers must sign this form (see reverse.)

**Non Public Corporation:** Requirements for exemption:

- A. Must be a bona fide corporate officer (being elected according to the corporate bylaws and articles of incorporation), who is also a shareholder, and
- B. Has substantial control in the daily management of the corporation.
- C. A maximum of 8 (eight) corporate officers are exempt from mandatory coverage. If a non-public corporation has more than 8 (eight) officers at any time, the excess over 8 (eight) must be identified and reported.

**Exception:** If all corporate officers in a non-public corporation are related by blood or marriage within the third degree, then all officers are exempt.

**Public Corporation:** Requirements for exemption:

- A & B as above, and
- C. Must be a director, and
- D. May not perform manual labor.
- E. The number of officers exempt from mandatory coverage has no limit for all who meet the exemption requirements.

**NOTE: NON-PROFIT CORPORATIONS:** Officers or directors who are paid workers are not exempt from coverage in a corporation that does not issue shares of stock.

### 3. LIMITED LIABILITY COMPANY (LLC) MEMBER/MANAGERS: There are two LLC business type models. Please check one below (A or B) which applies to your business. (If unsure, you may want to refer to your certificate of formation filed with the Secretary of State.)

- A.** If the management of the company is vested in its *members*, then all of the *members* are exempt from mandatory coverage. If this is how your LLC is structured, then coverage can be elected for individual or all *members*. All members electing coverage must sign this form (see reverse.)
- B.** If the management of the company is vested in one or more *managers*, then members who are also vested as managers are excluded from mandatory coverage, unless the number of member/managers exceeds 8, in which case the excess over 8 must be identified and reported. Exception: If all managers in an LLC are related by blood or marriage within the third degree, then all managers are exempt. If this is how your LLC is structured, and coverage is elected for your member/managers, then all member/managers must be reported, and all member/managers must sign this form (see reverse.)

I, the undersigned, being either a sole proprietor, partner, LLC member or corporate officer, request coverage and agree to report hours as directed above. I understand that the coverage will remain in effect until the department receives written notice of cancellation. Cancellation for sole proprietors, partners, or LLC members in 3A above is effective immediately upon receipt of written request. Coverage will be canceled for corporate officers or LLC members in 3B above 30 days after receipt of the cancellation notice, or later, if a later date is specified. If I cancel coverage, I will notify the affected partners, LLC members or corporate officers. I understand that the department will terminate this coverage for failure to report or pay premiums and assessments. I understand that liability for premiums will continue through the date of cancellation. I also understand that once coverage is cancelled, I must submit another application to reinstate coverage.

The effective date of coverage will begin at 12:01 a.m. on the day after the request is received by the Department of Labor and Industries, unless a later date is indicated here, \_\_\_\_\_.

<b>Check One:</b> <input type="checkbox"/> Corp <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner	<input type="checkbox"/> LLC <input type="checkbox"/> LLP	<b>Contact Name:</b>  <b>UBI:</b>	<b>Date:</b>
<b>Business Name:</b>		<b>Account ID:</b>	<b>Phone Number:</b>

Business Address:

Date stamp:

**ALL OWNERS ELECTING COVERAGE MUST SIGN AND COMPLETE PAGE 2 OF THIS FORM**

# Industrial insurance

## What's covered

Industrial insurance is for work related injuries and illnesses, and pays for approved medical, hospital, and related services essential to an injured worker's treatment and recovery. It also provides partial wage replacement for injured workers who are temporarily unable to work.

## Coverage is mandatory

Employers are required by Washington State law to carry industrial insurance (also known as workers' compensation) for employees. In return, the employer ordinarily cannot be sued for damages if a work-related injury or illness occurs.

## Excluded types of employments

Some types of employments are exempt from the industrial insurance requirements. Excluded employments include:

- Sole proprietors, partners, or LLC members with management responsibility.
- Corporate officers who are directors and shareholders. If you select elective coverage for your executive officers, all executive officers must be covered.
- Domestic servants in a private home if less than 2 employed, and those performing gardening, maintenance, or repair around the home.
- Persons who provide services in return for aid or sustenance received from a religious or charitable organization.
- Minors under 18 employed on the family farm.
- Racing jockeys.
- Entertainers and musicians.
- Volunteer law enforcement officers.
- Volunteers for private non-profit charitable organizations or local government.
- Student volunteers (K-12).
- Community service workers.
- Cosmetologist, barbers, estheticians, or manicurists who lease stations.
- Newspaper carriers.
- Insurance agents, brokers and solicitors.
- Other employment as defined by [RCW 51.12.020](#).

## Self insurance

Self-insurance is an alternative to industrial insurance in which the employer is responsible for paying all appropriate benefits to the injured worker. The Department of Labor and Industries (L&I) oversees the program to ensure employers provide benefits properly. You may qualify for self-insurance if your business:

- Is profitable and can post a bond guaranteeing the financial resources to pay all insurance costs.
- **and**
- Has an effective accident prevention program.

## How to get industrial insurance

### Mandatory coverage

PO Box 9034  
Olympia, WA 98507-9034  
Phone: 1-800-451-7985  
Email: [BLS@dor.wa.gov](mailto:BLS@dor.wa.gov)  
Fax: 360-705-6699

### **Office hours**

Monday through Friday  
8 a.m. to 5 p.m.

### **Mailing information**

Please remember to enclose all necessary documents and fees with your completed application. Incomplete submissions will result in a delay in your licensure. It is important that you contact our office, in writing, with any changes in address.

## STEPS FOR OBTAINING AN INDIAN TRADER'S LICENSE:

- 1) Get an Indian Trader's License Application from Bureau of Indian Affairs- Colville Agency. Complete pages 1 & 2, sign & date. Page 3 has to be completed only if you are a corporate business.
- 2) You will need to provide the forms to Tribal Planning office for review of the business you are proposing to determine compliance with tribal laws & business requirements and signature approving applications.
- 3) Obtain a Money Order or Cashier Check for \$5.00- made payable to the Bureau of Indian Affairs or (B.I.A). Make sure to sign your name as the remitter of your money order, so it can be tied back to your application.
- 4) Bring or mail completed application to:  

BIA- Colville Agency  
ATT: Indian Trader's License  
PO Box 111 (10 Nez Perce Street, bldg. 82)  
Nespelem, WA 99155
- 5) Once the completed Indian Trader's License application, money order, and Tribal Planning review sheet arrives at the BIA Superintendent's office, your Indian Trader's License will be generated and mailed to you at the address provided on your application (if not completed in person).



THIS SCHEDULE MUST BE COMPLETED BY THE FOLLOWING PERSON

1. A PERSON APPLYING AS A PROPRIETOR.
2. EACH PARTNER WHO IS LIABLE FOR THE DEBTS OF A PARTNERSHIP THAT IS APPLYING FOR A LICENSE.
3. THE PROPOSED BUSINESS MANAGER.

NAME OF PERSON COMPLETING THIS SCHEDULE \_\_\_\_\_

CIRCLE ONE: PROPRIETOR PARTNER BUSINESS MANAGER

DESCRIBE YOUR PRIOR BUSINESS EXPERIENCE (Attach additional sheets if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WHERE HAVE YOU LIVED AND WORKED DURING THE PAST FIVE YEARS? (List most recent address first)

From	To	Address	Occupation	Employer's Address
------	----	---------	------------	--------------------


REFERENCES- List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness to manage the proposed business. Do not list the names of supervisors on jobs held within the last five years.

FULL NAME	PRESENT ADDRESS	BUSINESS/ OCCUPATION
-----------	-----------------	----------------------


LIST THE NAME AND ADDRESS OF ANY BUSINESS YOU HAVE OWNED DURING THE PAST TEN YEARS.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU...	YES	NO
within the last five years been fired from any job for any reason?	_____	_____
within the last five years quit a job after being notified that you would be fired?	_____	_____
Ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may omit (1) traffic violations for which you paid a fine of \$50 or less and (2) any offense committed before your 21 <sup>st</sup> birthday that was finally adjudicated in a juvenile court or under a Youth Offender law.)	_____	_____

IF YOUR ANSWER TO ANY QUESTION IN THIS SCHEDULE IS "YES", GIVE DETAILS ON AN ADDITIONAL SHEET ATTACHED TO THIS SCHEDULE.

I CERTIFY, that all of the statements made in this schedule are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

\_\_\_\_\_  
 SIGNATURE (Sign in Ink)

\_\_\_\_\_  
 DATE SIGNED

# STEP 6

**Federal ID Number will be needed. To  
obtain Federal ID Number contact:**

**Internal Revenue Service Center  
Attn: EIN International Operation  
Cincinnati, OH 45999  
FAX-TIN: 1-859-669-5987**

**Quickest way to register is online  
<http://www.irs.gov/businesses/small/index.html> or  
VIA telephone 1-800-829-3676. Faxing takes 10 days,  
mail takes up to 3 months. (Also known as EIN)**

**Application for Employer Identification Number**  
 (For use by employers, corporations, partnerships, trusts, estates, churches,  
 government agencies, Indian tribal entities, certain individuals, and others.)  
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003  
 EIN \_\_\_\_\_

<b>Type or print clearly.</b>	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested		
	<b>2</b> Trade name of business (if different from name on line 1)	<b>3</b> Executor, administrator, trustee, "care of" name	
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box)	<b>5a</b> Street address (if different) (Do not enter a P.O. box.)	
	<b>4b</b> City, state, and ZIP code (if foreign, see instructions)	<b>5b</b> City, state, and ZIP code (if foreign, see instructions)	
	<b>6</b> County and state where principal business is located		
	<b>7a</b> Name of responsible party	<b>7b</b> SSN, ITIN, or EIN	
<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8b</b> If 8a is "Yes," enter the number of LLC members ▶	
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9a</b> <b>Type of entity</b> (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check.			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____			
<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated	State _____	Foreign country _____	
<b>10</b> <b>Reason for applying</b> (check only one box)			
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
<b>11</b> Date business started or acquired (month, day, year). See instructions.	<b>12</b> Closing month of accounting year		
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Agricultural</td> <td style="width:33%;">Household</td> <td style="width:33%;">Other</td> </tr> </table>			Agricultural
Agricultural	Household	Other	
<b>15</b> First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶			
<b>16</b> Check <b>one</b> box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____			
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.			
<b>18</b> Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶ _____			

<b>Third Party Designee</b>	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ( )
	Address and ZIP code	Designee's fax number (include area code) ( )
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) ( )
Name and title (type or print clearly) ▶		Applicant's fax number (include area code) ( )
Signature ▶		Date ▶