



Ute Indian Tribe
UTERO Commission
P.O. Box 190
Fort Duchesne, UT 84026
Phone: (435) 725-4982

APPLICATION FOR UTERO LICENSE

DATE: _____

NAME OF COMPANY: _____

ADDRESS: _____

(Mailing Address)

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

FORM OF BUSINESS:

____ Proprietorship ____ Partnership
____ Corporation ____ Other: _____
____ LLC/LLP

OWNER OR OWNERS' NAME(S): _____

CONTACT PERSON: _____ PHONE: _____

E-MAIL: _____

(List your insurance information and attach a copy of the Insurance Certificate)

INSURANCE COMPANY: _____

ADDRESS: _____

POLICY NUMBER: _____

EFFECTIVE DATE: _____

WORKMENS COMP. NO.: _____

UNEMPLOYMENT NO.: _____

BOND COMPANY NAME: _____

FEDERAL I.D. NO.: _____

NUMBER OF YEARS IN BUSINESS: _____

TYPES OF WORK PERFORMED:

1. _____ 2. _____

3. _____ 4. _____

PLEASE CHECK ALL THAT APPLY:

Prime Contractor Subcontractor
 Supplier Other: _____

I acknowledge that by signing this document I have answered all statements to the best of my knowledge. I understand that this License shall be for a period of time designated and approved by the UTERO Commission, the Director's signature will reflect such approval.

Owner or Designated Representative

DATE