

Hoopa Valley Tribal Council
TRIBAL EMPLOYMENT RIGHTS OFFICE

71 Willow St. ~ PO Box 1467 ~ Hoopa, CA 95546
Phone (530) 625-9200 Ext. 14 ~ Fax (530) 625-4269



DECLARATION OF BUSINESS OWNERSHIP FOR INDIAN PREFERENCE

I, _____ do hereby certify I own ___% of the following business:
_____. I am a enrolled _____ tribal
member, my roll number is: _____ (must attach proof of enrollment). My duties as own in
this business are as follows: _____

(Attach a Job description or describe your duties) As ___% owner I am eligible for Indian
Preference. (Proof of enrollment must be attached). I declare under penalty of perjury
under the laws of California that the foregoing statement is true and correct.

Signature of Legal Owner

Date

TO BE COMPLETED BY JOINT OWNER, IF ANY:

I, _____ do hereby certify the above to be true and correct and
verify that I am ___% Joint Owner. If the joint owner is a enrolled member of a federally
recognized tribe, please list Tribe: _____ and Roll Number: _____.
(Proof of enrollment must be attached)

I declare under penalty of perjury under the laws of California that the foregoing statement
is true and correct.

Signature of Joint Owner

Date

NOTORIZED BY:

WITNESS/NOTARY: _____ DATE:

Signature