



**Lummi Nation**  
 Tribal Employment Rights Office  
 2665 Kwina Road Bellingham WA 98226  
 PH: 360.312.2245 - Fax: 360.380.6990

## TERO COMPLIANCE PLAN AMENDMENT

<b>Contractor :</b>	
<b>Sub:</b>	
Project Start Date:	Completion Date:
Project Name/Location:	Contact Person:
Phone:	Cell Phone #:
Fax:	Email:

### **Identification of Core Crew/Key Personnel being ADDED**

*Refer back to original Compliance Plan for definition(s).*

Name	Position/Classification	Licensed Yes/No	Hourly Rate	Length w/ Co	Core/ Key

### **Identification of Core Crew/Key Personnel being REMOVED**

*Refer back to original Compliance Plan for definition(s).*

Name	Position/Classification	Licensed Yes/No	Hourly Rate	Length w/ Co	Core/ Key

**Reason for Amendment:**

**ADD/REMOVAL OF SUB-CONTRACTORS**

**ALL SUB-CONTRACTORS WILL NEED A COMPLIANCE PLAN.**



Company	Contact Person	Phone	NAOB Y/N	Add or Removal

**I declare that all the answers and statements are true, correct and complete to the best of my knowledge; I understand that untruthful or misleading answers are cause for denial of my application and/or a monetary fine and/or revocation of any certification granted.**

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Print Name                                      Signature                                      Title                                      Date

**Office Use Only**                      Approved  Yes  No

**TERO Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_