



**GILA RIVER INDIAN COMMUNITY
Tribal Employment Rights Office
TERO**

CONTRACTOR CLOSE OUT FORM

Project: _____ Date: _____
Company: _____ Phone: _____
Superintendent: _____ Phone: _____
Date of Completion: _____

Have all Project Employee Lists been submitted and does the contractor have a current business license on file?

Yes No if no, when will PEL's and/or current business license be submitted to the TERO Office? _____

How would you rate the working relationship with your assigned compliance officer?

Poor Fair Good Excellent Additional Comments: _____

What obstacles did your company experience while working on this project? _____

Contractors Signature: _____

Date: _____

TERO OFFICE USE ONLY

Did this Company comply with Title 12 and Indian Preference hiring?

Yes No If no, why not? _____

Would you recommend this contractor for future projects?

Yes No Why? _____

Comments by Compliance Officer: _____

Compliance Officers Signature: _____ Date: _____

Directors/Supervisor/Designee Signature: _____ Date: _____