

Date _____

Name of Tribal Member: _____ Enrollment # _____

Address: _____

I hereby authorize _____ to utilize my Tribal ID swipe card on my behalf due to the disability noted below.

Type of disability: _____

Circle one: Permanent or Temporary Expiration Date: _____

Authorized user(s): _____

Address: _____

Phone number: _____

Signatures:

Tribal Member: _____ Date: _____

Authorized person: _____ Date: _____

Witness: _____ Date: _____

Approved by: _____, Department of Commerce, on this _____ day of _____, 20_____.

Received by: _____, Tribal Administrator on _____.

Received by: _____, at Biindigen on _____.

Must attach (photocopied) picture(s) of authorized user(s).