

Little Traverse Bay Bands of Odawa Indians
Department of Commerce

**Authorization Policy for Non-Citizen Use of
LTBB Tribal ID Card for Fuel/Tobacco Purchases**

This policy authorizes the use of an LTBB Citizen's Tribal ID card by a non-citizen spouse, family member or caretaker when the Tribal Citizen is unable, due to some type of disability, on behalf of the Tribal Citizen. Such use shall not be for personal use by the authorized non-citizen. This policy is implemented to protect the privileges of disabled LTBB Tribal Citizens and to provide assurance that the LTBB Tax Agreement is in no way jeopardized.

Authorization must be in writing using the attached form to include: 1) type of disability, 2) expiration date, and 3) authorized user information. The authorization form must also include the name, address, and signature of the authorized user, as well as a witness signature on the document.

Please note that permanent disability authorization forms are required to be renewed every 4 years. The expiration date will automatically be 4 years from the date provided by the Tribal Citizen on the signature line of the authorization form. If a physician's statement is submitted certifying the existence of a permanent disability – that specific portion only needs to be submitted once.

Authorization forms will be filed and approved by the LTBB Department of Commerce and then forwarded to the LTBB Chief Financial Officer for final approval. Once approved, the document will then be filed with LTBB Biindigen and Derrer Oil - Petoskey Foodshop.

The LTBB Tribal Citizen requesting an authorized user must include the following documentation with the attached form:

- Certification via disability parking permit OR statement from physician
- Copy of Tribal ID Card
- Copy of the requested authorized user's driver's license

Please return the completed form and required documentation to any of the following:

Mail:

Attn: Department of Commerce
7500 Odawa Circle
Harbor Springs, MI 49740

Fax:

231-242-1445

E-Mail:

doc@ltbbodawa-nsn.gov

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Authorization Form – Non-Citizen Use of LTBB Tribal ID Card

LTBB Tribal Citizen Name: _____ Enrollment #: _____

LTBB Tribal Citizen Address: _____

Type of disability: _____

Circle One: Permanent-New Request Permanent-Renewal Request Temporary

Expiration Date: _____

**Please note permanent disability forms must be renewed every 4 years. The expiration date for either type of permanent request will automatically be 4 years from the date listed with the LTBB Tribal Citizen signature below.*

I hereby authorize _____ to use my LTBB Tribal ID card on my behalf due to the disability noted above.

Authorized User Address: _____

**Please include the following items with your completed authorization form: 1) disability parking permit OR statement from physician, 2) copy of Tribal ID, and 3) copy of authorized user's Driver's License. If you have already submitted a physician's statement for a permanent disability, that portion does not need to be submitted again.*

Signatures:

LTBB Tribal Citizen _____ Date _____

Authorized User _____ Date _____

Witness _____ Date _____

*******For Office Use Only*******

Department of Commerce _____ Date

Chief Financial Officer _____ Date