

# Request for Tribal Certificate of Exemption

## Little Traverse Bay Bands of Odawa Indians

\_\_\_\_\_ - \_\_\_\_\_  
 For Office Use Only

\_\_\_\_\_ Received on (Date)  
 \_\_\_\_\_ Received by (Name)  
 For Office Use Only

Enrollment # \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I am requesting a TCE for the following reasons: **Last 4 digits of SSN:** \_\_\_\_\_

\_\_\_\_\_ Spouse/Co-signer's Name

\_\_\_\_\_ Tribe & Tribal ID # of Spouse/Co-Signer

↑ \_\_\_\_\_ ↑  
 Lst 4 digits of SSN

\_\_\_\_\_ Personal use vehicles, recreational watercraft, snowmobiles and off-road vehicles

\_\_\_\_\_ Year, Make, Model & VIN

\_\_\_\_\_ Seller's Name, Address, Telephone Number AND Fax Number (Dealership or Individual)

\_\_\_\_\_ Affixation to real estate (Please list items to be purchased below.)  
 (Attach a separate sheet if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Seller's Name, Address, Phone & Fax number(s) Example: Lowe's, Home Depot, etc.

\_\_\_\_\_ Contractor's Name and Telephone Number

\_\_\_\_\_ Contractor's Address

\_\_\_\_\_ Modular or mobile home to be used as principal residence of Resident Tribal Member

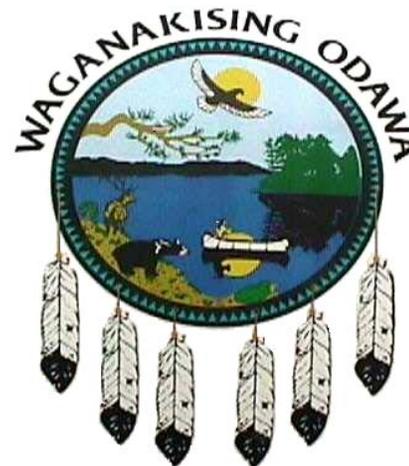
\_\_\_\_\_ Year, Make, Model, and Mobile or Modular ID/Serial Number

\_\_\_\_\_ Physical address where Modular or Mobile home will be placed

\_\_\_\_\_ Tangible personal property acquired for use in treaty fishing (include VIN where necessary)

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Seller's Name, Address and Telephone Number



I certify that the information stated herein is true and understand that the intent for a Tribal Certificate of Exemption is for Resident Tribal Member usage **only**. I also acknowledge that purchasing item(s) under fraudulent circumstances may result in refunding the sales/use tax to the State of Michigan and may also result in prosecution.

\_\_\_\_\_ Signature of Resident Tribal Member

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent/Guardian for Minor RTM

\_\_\_\_\_ Date

**Please return this form to:**  
 Department of Commerce  
 7500 Odawa Circle, Suite 224  
 Harbor Springs MI 49740  
 Phone: 231-242-1584

**Or Email completed form to:**  
**DOC@lbbodawa-nsn.gov**

Dept. of Commerce  
 Revised 12/18