TAX-EXEMPT MOTOR FUEL PROGRAM

Non-Member Authorized Use of Tribal Card for Fuel Purchases

Name	Tribal ID	Date
Address	Type of disability	
	Circle One Permanent Temporary	Expiration date, if temporary _____

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

Authorized user(s)	
Address	
Phone No.	

Signatures:

_____ _____
Tribal Member Date

_____ _____
Authorized person Date

_____ _____
Authorized person Date

_____ _____
Witness Date

Approved by: _____ , Tax Dept., on _____ day of _____ , 20 _____

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

Complete and return to Departement of Business Regualtions for further processing.

TD 517
Rev. 05-11