# TAX-EXEMPT MOTOR FUEL PROGRAM

## Non-Member Authorized Use of Tribal Card for Fuel Purchases

| Name: | Tribal ID: | Telephone No.: | 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): | Authorized User(s): |
|---|---|
| Address: | Address: |
| | |
| | |
| Telephone No: | Telephone No.: |

**Signatures:**

_____ _____
Tribal Member Date

_____ _____
Authorized User 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.

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