

# TRIBAL DRIVERS LICENSE APPLICATION

## TRIBAL BUSINESS REGULATIONS & TAX DEPARTMENT

THIS FORM MUST BE COMPLETED BEFORE ANY PERSON IS GIVEN AN AUTHORIZATION TO OPERATE MOTOR VEHICLES EITHER AS A REGULAR OPERATOR OR AN INCIDENTAL OPERATOR

**\*\*Application Must Include MVR (Motor Vehicle Report)\*\***

**PLEASE CHECK:**  Temporary Status  New Permit  Renewal

APPLICANT'S NAME		ADDRESS			<b>CHECK ONE</b>	
					<input type="checkbox"/> Operator <input type="checkbox"/> Incidental Operator	
Sex	Date of Birth	Employee ID	Color of Hair	Color of Eyes	Height	Weight
<input type="checkbox"/> Male <input type="checkbox"/> Female						
DEPARTMENT & SUPERVISOR			TYPES OF VEHICLES YOU WILL BE OPERATING (Passenger, Light Trucks, Bus, Etc.)			

### SUMMARY OF DRIVING RECORD (INCLUDE PRIVATELY OWNED VEHICLES)

NUMBER OF YEARS DRIVING	TYPES OF VEHICLES YOU HAVE OPERATED

### CURRENT MICHIGAN DRIVER'S LICENSE (MUST PROVIDE PROOF OF VALID DRIVERS LICENSE)

DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE	PREVIOUSLY LICENSED IN THE STATE OF: (PAST THREE YEARS)	IS YOUR CURRENT LICENSE VALID IN THE STATE OF MICHIGAN?
TYPES OF STATE LICENSES HELD AND RESTRICTIONS ON EACH				

### LIST ANY MOTOR VEHICLE CIVIL INFRACTIONS AND OR ACCIDENTS WITHIN THE PAST FIVE YEARS

DATE	NATURE OR TYPE OF VIOLATION	CITY & STATE	ACTION TAKEN

### MOTOR VEHICLE OPERATORS AFFIDAVIT

I have read and understand the Saginaw Chippewa Tribe's Motor Vehicle Operation Policy. I agree to the policies and regulations as stated. I hereby certify that I will comply with the rules and regulations governing the usage of government owned/leased or Tribal owned vehicles. Applicants are responsible to read the Motor Vehicle Policy of the Saginaw Chippewa Tribe, understand and sign in agreement to adhere to it. By signing below I understand and agree to having your motor vehicle report run for verification of acceptability as having access to company vehicles or for acceptability of qualifying for specific job positions. I have read and understand the penalties for unofficial use.

**I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BUSINESS REGULATIONS AUTHORIZED ISSUING OFFICIAL USE ONLY			
<input type="checkbox"/> Approved	Authorized Signature: _____	Date: _____	Expires: _____
<input type="checkbox"/> Denied			
CHECKLIST: <input type="checkbox"/> Emailed: HR, Risk Mgmt., Motor Pool, Dept. Supervisor <input type="checkbox"/> Entered in Log <input type="checkbox"/> Entered in Database			