



## TAX-EXEMPT MOTOR FUEL, TOBACCO & CIGARETTE PROGRAM

### Non-Member Authorized Use of Tribal Card for Fuel, Tobacco & Cigarette Purchases

Name:	Tribal ID:	Telephone No.:	Date:
Address:		Type of disability:	
		Circle One:	Expiration Date:
		Permanent    Temporary	Revocation Date:

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.:
Plate #:	Plate #:

**Signatures:**

Tribal Member	Date
Authorized User	Date
Authorized User	Date
Witness	Date

OFFICE USE ONLY
Approved by: _____, Tax Dept., on the _____ day of _____, 20____

**Authorized users must provide proof of identification and supportive documentation for disabled Tribal Member**  
 Complete and return to Department of Business Regulations for further processing