

SAGINAW CHIPPEW INDIAN TRIBE

TRIBAL POLICE – ISSUING OFFICIALS

APPLICATION FOR AUTHORIZATION TO OPERATE MOTOR VEHICLES

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. **PLEASE CHECK:** New Permit Renewal

Applicant's Name & Address:		Title:		Check One: <input type="checkbox"/> Operator <input type="checkbox"/> Incidental Operator	
Sex: ___ M ___ F	Date of Birth:	Color of Hair:	Color of Eyes:	Height:	Weight:
Birthplace:		Types of vehicles you will be operating (passenger, light trucks, bus, etc.)			

SUMMARY OF DRIVING RECORD (Include privately owned vehicles)

1. Number of years driving:	2. Types of vehicles you have operated:
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****CURRENT MICHIGAN DRIVER'S LICENSE****

3. Driver's License Number:	4. State	5. Expiration Date:
6. Types of State Licenses held and restrictions on each:	7. Is your current license valid in the State of Michigan?	8. Previously licensed in the state of: (past three years)

9. RECORD OF MOTOR VEHICLE CIVIL INFRACTIONS (past three years)

Date:	Nature or Type of Violation:	City & State:	Action Taken:

10. RECORD OF ACCIDENTS (past three years)

Date:	Nature or Type of Violation:	City & State:	Action Taken:

MOTOR VEHICLE OPERATOR'S 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. **NOTE: 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's Signature: _____ Date: _____