

TRIBAL DRIVERS LICENSE APPLICATION

OFFICE OF TRIBAL LICENSING & REGULATIONS

THIS FORM MUST BE COMPLETED BEFORE ANY DRIVER IS GIVEN AN AUTHORIZATION TO OPERATE MOTOR VEHICLES EITHER AS A REGULAR OPERATOR OR AN INCIDENTAL OPERATOR. INCOMPLETE FORMS WILL NOT BE ACCEPTED. ALL APPLICANTS MUST HAVE A VALID DRIVERS LICENSE AND ATTACH A MOTOR VEHICLE REPORT.

PLEASE CHECK: New Permit Renewal

PLEASE CHECK: Operator Incidental Operator

APPLICANT'S NAME		ADDRESS (Include City, State, Zip Code)			TELEPHONE	
					() -	
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?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
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 acknowledge that in the event that I am in a motor vehicle accident in the course of employment, I will be subject to a drug test that includes THC. I further acknowledge that a positive drug screen following a motor vehicle accident will result in the termination of my employment. 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: _____

ISSUING OFFICE AUTHORIZED OFFICIAL USE ONLY			
<input type="checkbox"/> Approved	Authorized Signature: _____	Date: _____	Expires: _____
<input type="checkbox"/> Denied	Reason for Denial: _____		
	Date Eligible to Reapply: _____		