



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:	Expiration date, if temporary:
		Permanent 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 Office of Tribal Licensing & Regulations for further processing.

TD 517

Office Contact: (989) 775-4122

Rev. 10-19

Email: OTLR@sagchip.org