

IN THE TRIBAL COURT OF THE FORT BELKNAP INDIAN RESERVATION
OF THE FORT BELKNAP INDIAN COMMUNITY, MONTANA

APPLICATION FOR TEMPORARY DRIVING PERMIT

GENERAL INFORMATION

Name (First, Middle, Last): _____

SSN: _____ DOB: _____

Drivers License: _____ State: _____ Expiration: _____

Place of Employment: _____

Regular Working Hours: _____ to _____

Reasoning for Applying for Work Permit: _____

Reasoning why no longer have drivers license: _____

Are you trying to get your driver's license back? yes no

explain: _____

Length of Working Permit: _____ Month, _____ 3 Months, _____ 6 Months

I hereby certify that all the information is true and accurate to the best of my knowledge and belief.

Dated this _____ day of _____, _____.

Applicant

Subscribed and Sworn before me this _____ day of _____, _____.

Clerk of Court/Notary

***VERIFICATION OF EMPLOYMENT: PROVIDE DOCUMENTATION THAT YOU ARE EMPLOYED**

This permit authorizes _____ to operate a motor vehicle upon the roadways of the Fort Belknap Indian Reservation subject to the following restrictions:

1. Must have had prior valid driver's license: _____ State: _____
2. This permit is valid only during the hours of _____ a.m. to _____ p.m. Vehicle driving during this period must be coming or going to or from work or work related.
3. This permit is subject to revocation without notice to holder upon written order of issuing judge.

I have read the foregoing, know the contents thereof, and do hereby agree to provisions contained therein;

Dated this _____ day of _____, _____.

Applicant

Subscribed and Sworn before me this _____ day of _____, _____.

Clerk of Court/Notary

- Denied
- Approved

Dated this _____ day of _____, _____.

Fort Belknap Tribal Courts
Honorable Chief Judge