



JICARILLA APACHE NATION DEPARTMENT OF LABOR

25 Hawk Drive PO Box 507 Dulce NM 87528 (575) 759-4410

Date Processed: mm/dd/yyyy

Processed By:

TYPE OF BUSINESS ☐ Oil Field ☐ Construction ☐ Residential ☐ Ranch ☐ Other

Company Information

COMPANY NAME	NUMBER OR CARDS REQUESTING	_____ x \$25.00 = \$_____
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OWNER INFORMATION: NAME/TITLE

PHYSICAL ADDRESS OF COMPANY	CITY	STATE	ZIP
MAILING ADDRESS (WORK PERMIT CARDS WILL BE MAILED HERE)	CITY	STATE	ZIP
COMPANY PHONE NUMBER	OWNER EMAIL ADDRESS		

Job Site Information

Are you the prime contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a subcontractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who is your prime contractor? (Company Name)
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LOCATIONS: ALL companies must list the location(s) of where work will be conducted. For oil & Gas companies please attach list of well-site locations.

TYPE OF WORK: ALL companies must state the type of work conducting within the Jicarilla Apache Nation boundaries.

I attest, under penalty, that I have assisted in the completion of this entire application and that to the best of my knowledge the information is true and correct. **All signatures must be original. DOL will not accept any forged and digital signatures.**

Signature of Preparer (<i>must be in blue/black ink</i>)	Print Name	Today's Date (mm/dd/yyyy)
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Preparer Email Address:

DOL OFFICE USE ONLY

Number of work permit cards	Money order number	Work Permit _____ X \$25 =
No of cards processed	Receipt number	Processing Fee \$20 =
Total money order amount \$	Date mailed (mm/dd/yyyy)	Administrative Fee \$10 =
		Non-compliance =
		Postage Fee =

Certified Mail Number

TOTAL COST =

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	--	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	--	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	--	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	--	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Work Permit Cards Picked-Up

Date: _____

Name of Person who picked-up cards: _____

Company Name (Must be completed by employee only)

Company Name

Employment Information

First Name

Last Name

Middle Initial

Position Title

Driver's License Information

Driver's License Number

State Issued

Expiration Date

PLEASE READ

Attach a **CLEAR/COLORED** copy of your state issued driver's license in the box provided
CLICK on BOX to upload DL/ID

- * Must be a valid state issued driver license.
- * Upload Driver's license in box.
- * Driver's license must be a clear copy.
- * Driver's license must be a colored copy.
- * NO temporary Driver's License will be accepted.
- * Expired driver's License will not be accepted.
- * For Driver's license expiring soon, Work permit card expiration will match DL/ID expiration date.
- * Must be a valid DL/ID

Signature Disclaimer (PLEASE READ)

I understand and agree that I have read the amended Indian Preference Ordinance, which is Title 23 of the Jicarilla Apache Nation Code. I also understand and agree that I must abide by all laws of the Jicarilla Apache Nation, including but not limited to Title 23-Indian Preference; Title 18 Oil & Gas, but all other laws of the Jicarilla Apache Nation and that any non-compliance with the Jicarilla Apache Nation Laws will subject me to: penalties; sanctions; suspension and/or revocation of my work permit; suspension and/or cancellation of the oil and gas lease, construction work permit, residential work permit. I also understand and agree, I am subject to penalties allowed by law, if I have provided any false, misleading or inaccurate information in this work permit application. I also certify that I have completed the necessary documentation with my employer to comply with federal employment and labor laws. *(please note Department of Labor will not accept forged or digital signatures)*

Name (please print)

Signature (**must be in blue/black ink**)

Date