

JICARILLA APACHE NATION DEPARTMENT OF LABOR

WORK PERMIT APPLICATION

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

Date Processed:	
mm/dd/yyyy	
Processed By:	
No. of cards requesting:	

any Name)
information is true and
(mm/dd/yyyy)

Company Name (Must be completed by employee only) Company Name **Employee Information** First Name (Must be as shown on DL/ID) Last Name Middle Initial Position Title **Driver's License Information** Driver's License Number State Issued **Expiration Date** Attach a CLEAR/COLORED copy of your state issued driver's license in the box provided * Must be a valid state issued driver * Driver's license must cover entire 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. *Driver's license expiring within two-months of application date will not be accepted. *Only USA DL/ID will be accepted. *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. Name (please print) Signature Date