



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			4 05.00		
ABC Oil Field Services	NUMBER OR CARDS REQUESTING	1 x \$25.00 = \$ 25.00			
OWNER INFORMATION: NAME/TITLE					
Thomas Headly, Owner					
PHYSICAL ADDRESS OF COMPANY	CITY	STATE	ZIP		
1523 S. Nicks Ave.	Farmington	NM	87401		
MAILING ADDRESS (WORK PEMIT CARDS WILL BE MAILED HERE)	CITY	STATE	ZIP		
PO Box 51324	Farmington	NM	87401		
OWNER PHONE NUMBER	OWNER EMAIL ADDRESS				
(575) 419-0000	theadly@outlook	c.com			
Job Site Information					
Are you the prime contractor?	Are you a subcontractor?	Who is your prime con	tractor? (Company Name)		
Yes X No	Yes No	DGE Oil Fie	ld Service		
See attached memo with various well site locations. TYPE OF WORK: ALL companies must state the type of work conducting within the Jicarilla Apache Nation boundaries.					
Natural gas compression services on well site locations. (Please see attached for locations)					
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 (must be in blue ink)	Print Name	Jigilatai Co.	Today's Date (mm/dd/yyyy)		
Reberca Benalw	Rebecca Benaly, A	dmin. Assistant	08/17/2021		
Rebecca Benaly, Admin. Assistant 08/17/2021 Preparer Email Address: rbenaly@abcorrieldservices.com					
DOL OFFICE USE ONLY					
Number of work permit cards	Money order number		Work Permit X \$25 = Processing Fee \$20 =		
No of cards processed	Receipt number		Administrative Fee \$10 =		
Total money order amount \$	Date mailed (mm/dd/yyyy)		Non-compliance = Postage Fee =		
Certified Mail Number = Total cost =					
Work Permit Cards Picked-Up Date:	Name of Person wh	o picked-up cards:			



Company Name (Must be completed by employee only)

Company Name

ABC Oil Field Services

First Name

Last Name

Middle Initial

Jelani

Sample

NA

Position Title

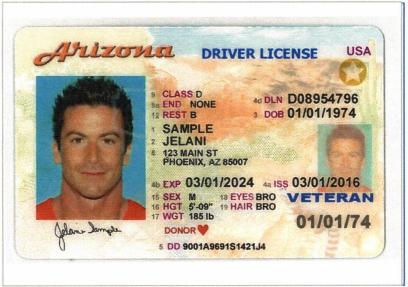
Mechanic

Driver's License Information		
Driver's License Number	State Issued	Expiration Date
D08954796	AZ	03/01/2024

Attach a CLEAR/COLORED copy of your state issued driver's license in the box provided

PLEASE READ

- * 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.
- *For Driver's license expiring soon, Work permit card expiration will match DL/ID expiration date.
- *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 inacrrurate information in this work permit application. I also certifiy 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 ink)
Jelani Sample	01.1.0
Date	Jelani Sample
08/17/2021	,

Attachment #1



ABC Oil Field Services, Inc

1523 S. Nicks Ave PO Box 51324 Farmington, New Mexico 87401 (575) 419-0000

MEMORANDUM

TO: Jicarilla Department of Labor

FROM: Rebecca Benaly, Administrative Assistant

DATE: August 17, 2021

RE: Work Locations

This is where you would insert the body of memo: State locations of where your company will be conducting work. This is a sample memo. Some companies were stating that they did not know what a memo was, this should direct them in the right direction.

Must be on letterhead, signed and dated.

Attachment #2

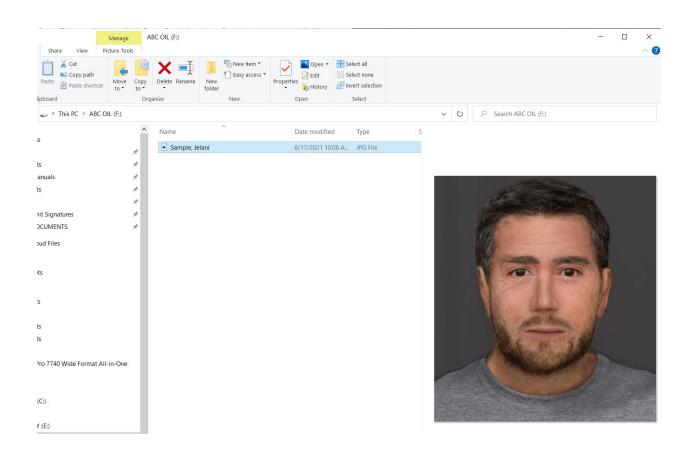
Flash drive/USB

Labeled with company name

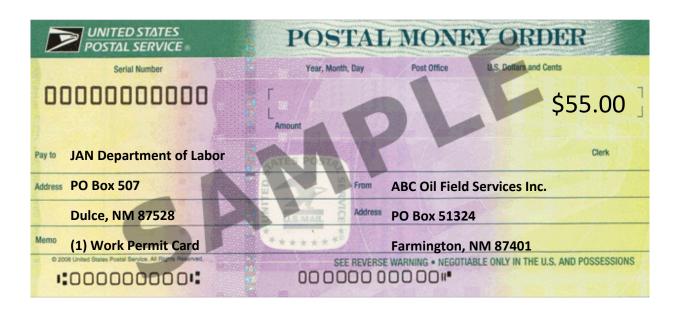


Picture saved on flash drive

- 1. Saved as Last Name, First Name (No nicknames)
- 2. Saved as JPG File
- 3. Picture must be new. Take out a camera and take picture of employee.
 - Must be new picture
 - No Hats/Sunglasses
 - Must be clear, not blurry



Attachment #3



Attachment #4

Jicarilla Gross Tax Receipt
Sample
Contact Information
Revenue & Taxation Department
(575) 759-4211



Attachment #5

Jicarilla Operating Permit
Sample
Contact Information
Jicarilla Oil & Gas Department
(575) 759-3485

