# JICARILLA APACHE NATION DEPARTMENT OF LABOR

WORK PERMIT APPLICATION
2021 PROCESS

Please NO nicknames to be used on entire packet.

Must be NEW pictures.

Must be NEW colored work permit application



# WORK PERMIT APPLICATION COSTS/FEES

COST PER WORK PERMIT CARD

\$25.00 EACH CARD

\$25.00 EACH FOR REPLACEMENTS, LOST, DESTROYED

NEW 2021 PROCESSING FEES

\$20.00 EACH APPLICATION

\$10.00 EACH APPLICATION

(NON-REFUNDABLE FEES)

- > No work permits will be issued until administrative fees are paid.
- > No work permits will be issued until all non-compliance administrative fees are paid.
- ➤ No work permits will be issued until all citations are paid in full at the Oil & Gas Office.

  Once a citation is paid in full a clearance letter from Oil & Gas must be submitted.

# **WORK PERMIT APPLICATION**



Work Permit Application Packet must include the following:

Page	1

• Company Information (1 per packet)

## Page 2

• Employee Information

## Attachment 1

• Jicarilla Operating Permit (1 per packet)

## Attachment 2

 Jicarilla Gross Receipts Tax Registration (1 per packet)

## Attachment 3

Business Card

## **Enclosure**

• Flash drive/Jump drive (Please Label)

## **Enclosure**

Money Order ONLY

# WORK PERMIT APPLICATION INSTRUCTIONS

Please do not send the instruction page in with your application.

	Work Permit Application
NA.	INSTRUCTIONS
	ecklist to assist in filling out the work permit application.
mpany Information	
Right Top Corner Inp	ut No. Cards Requesting
Check the box that re	lates to your company
Enter Company Name	e/Address/City/State/Zip/Phone Number
Fill out Mailing addre	ss if different from physical address (Cards will be mailed here)
For Oil & Gas Compa	ny must give well site location(s). Attach printout of sites
For Construction/Sub	contractor/Other: Must state type of work conducting
Enclose a business ca	rd
Enter Company Nam	
Enter Company Nam	
Enter Company Nam	
Enter Company Nam  Enter First Name/Mid	e
Enter Company Nam  Enter First Name/Mic  Enter position Title, E  To add DL/ID to Emplof application. Right-click	e Idle Initial/Last Name (as it appears on the Driver's License)
Enter Company Nam  Enter First Name/Mic  Enter position Title, E  To add DL/ID to Emplof application. Right-clich ntire box. OR you can prin	e  Idle Initial/Last Name (as it appears on the Driver's License)  Inter Driver's License/State Issued/Expiration Date  Oyee Sheet. Save a copy of employee DL/ID to computer as JPG file. Open Page the box for DL/ID. Select Add Image. Select the JPG file. Adjust size to fit the
Enter Company Nam  Enter First Name/Mid  Enter position Title, E  To add DL/ID to Emplor application. Right-click ntire box. OR you can prin  Must be original signs	ddle Initial/Last Name (as it appears on the Driver's License)  inter Driver's License/State Issued/Expiration Date  oyee Sheet. Save a copy of employee DL/ID to computer as JPG file. Open Page the box for DL/ID. Select Add Image. Select the JPG file. Adjust size to fit the tracolored copy of the DL/ID to fit entire box and tape it down.
Enter Company Nam  Enter First Name/Mid  Enter position Title, E  To add DL/ID to Emploof application. Right-click ntire box. OR you can prin  Must be original signal Number of employee	didle Initial/Last Name (as it appears on the Driver's License)  Inter Driver's License/State Issued/Expiration Date  oyee Sheet. Save a copy of employee DL/ID to computer as JPG file. Open Page the box for DL/ID. Select Add Image. Select the JPG file. Adjust size to fit the it a colored copy of the DL/ID to fit entire box and tape it down.  sture/date of each employee
Enter Company Nam  Enter First Name/Mid  Enter position Title, E  To add DL/ID to Empl of application, Right-click ntire box. OR you can pric  Must be original signs  Number of employee achment: Copy of Ji	didle Initial/Last Name (as it appears on the Driver's License)  Inter Driver's License/State Issued/Expiration Date  oyee Sheet. Save a copy of employee DL/ID to computer as JPG file. Open Page the box for DL/ID. Select Add Image. Select the JPG file. Adjust size to fit the it a colored copy of the DL/ID to fit entire box and tape it down.  sture/date of each employee sheets must equal number of cards requesting
Enter Company Nam  Enter First Name/Mic  Enter position Title, E  To add DL/ID to Emplor of application. Right-click name box. OR you can pring Must be original signal Number of employee achment: Copy of Jiarla Attach copy of Jicaril	didle Initial/Last Name (as it appears on the Driver's License) Inter Driver's License/State Issued/Expiration Date Inter Driver's License/State Issued/Expiration Date Inter Driver's License/State Issued/Expiration Date Interpretation of Divide Interpretation of the Interpretation of Interpretation
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Enter Company Nam  Enter First Name/Mid  Enter position Title, E  To add DL/ID to Empl of application. Right-click ntire box. OR you can prin  Must be original signs Number of employee achment: Copy of Ji  Attach copy of Jicarill  A copy of the Jicarilla  Expired or expiring so	didle Initial/Last Name (as it appears on the Driver's License)  Inter Driver's License/State Issued/Expiration Date  oyee Sheet. Save a copy of employee DL/ID to computer as JPG file. Open Page the box for DL/ID. Select Add Image. Select the JPG file. Adjust size to fit the it a colored copy of the DL/ID to fit entire box and tape it down.  Intere/date of each employee sheets must equal number of cards requesting  carilla Operating Permit (Call 575-759-3485)  In Operating Permit (For Oil & Gas Companies)  Operating Permit must be attached to each work permit application

Subcontractors will need to submit a copy of the Receipt Registration	ir prime contractors Jicarilla Gross Tax	
A Copy of the Jicarilla Gross Tax Receipt Registra application.	tion must be attached to each work permit	
Department of Labor does not need copies of Ne	w Mexico Gross Tax Receipt	
close: Flash drive/Jump Drive		
Label your flash drive with company name/unla	beled flash drives will not be returned	
Picture must be saved as a JPG File		
Picture must be saves as (last name, first name)	as it appears on the Driver's License	
Picture of head to shoulder. Please do not send	full body picture	
Picture must be a camera photo. Do not save on	paper and save as JPG File. Must be able to	
Picture must be clear, not blurry		
No hats		
Flash drives must only have pictures saved on it.		
close: PaymentMoney Order Only		
Submit money orders with the application packet	et	
Make payable to: JAN Department of Labor		
From: Your company name and address		
rk Permit Application Packet must includ	e the following:	
Entirely new application	Jicarilla Gross Tax Receipt Registration	
* Page 1 Company Information	Business Card	
* Page 2 Employee Information	Flash drive/Jump drive	
Jicarilla Operating Permit	Money Order	
Sending Packet by Mail	Sending Packet by FEDEX	
JICARILLA APACHE NATION	JICARILLA APACHE NATION	
Department of Labor	Department of Labor	
Attn: Compliance Office	Attn: Compliance Office	
PO Box 507 25 Hawk Drive Dulce, NM 87528 Dulce, NM 87528		

# NEW 2021 WORK PERMIT APPLICATION

	DEF	ILLA APACE PARTMENT OF ORK PERMIT APPI PO BOX 507 DUIGO NM 87528	LABOR LICATION	Procused By:	10
Oil Field	Construction	Residential	Ranch	Other	
Company Informa	ation				
Company Name					
Contact Person Name/	Title				
Physical Address		City	State	Zip	
Mailing Address (Cards	will be sent here)	City	State	Zip	
Phone number		Email address		-	
Job Site Informat	tion				
Are you the prime control	actor? No	Are you a subcor	tractor? Who is	your prime contractor? (Company N	ame)
For Oil & Gas companies	must give well-site locat	tion(s).			
		tion(s).  h/Other, must state type of wor	k conducting on the a	licarilla Apache Reservation.	
For Oil & Gas/Construct  I attest, under penalty, toorrect. All signatures a	tion/Residential/Rand	h/Other, must state type of wor the completion of this entire a ged.		the best of my knowledge the inform	
l attest, under penalty, t	tion/Residential/Rand	h/Other, must state type of wor		·	
For Oil & Gas/Construct  I attest, under penalty, t correct. All signatures a	tion/Residential/Rand	h/Other, must state type of wor the completion of this entire a ged.		the best of my knowledge the inform	
For Oil & Gas/Construct  I attest, under penalty, to correct. All signatures a Signature of Preparer	tion/Residential/Rand that I have assisted in re original and not for	h/Other, must state type of wor the completion of this entire a ged.		the best of my knowledge the inform	
For Oil & Gas/Construct I attest, under penalty, to correct. All signatures a Signature of Preparer  DOL OFFICE USE	tion/Residential/Rand that I have assisted in the original and not for E ONLY	h/Other, must state type of wor the completion of this entire a ged.	oplication and that to	the best of my knowledge the inform	
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For Oil & Gas/Construct  l'attest, under penalty, toorrect. All signatures a Signature of Preparer  DOL OFFICE USE  Number of work permit.	tion/Residential/Rand that I have assisted in re original and not for E ONLY cards	h/Other, must state type of wor the completion of this entire a gged.  Print Name  Money order num  Receipt number	oplication and that to	the best of my knowledge the inform    Today's Date (mm/d	

Company Name				
Employment Information				
irst Name	Last Name		Middle Initial	
Position Title	-			
Oriver's License Information				
Oriver's License Number	State Issued	Expiration D	ate	
Attach a CLEAR/COLORED copy of your state issue	d 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 acc				
*Expired driver's License will not be accept	ed.			
*Driver's license expiring within two-mont	hs of			
application date will not be accepted.				
*Only USA DL/ID will be accepted.				
*Must be a valid DL/ID				
Signature Disclaimer (PLEASE READ)				
understand and agree that I have read the amended	Indian Preference Ordina	nce, which is Title 23	of the Jicarilla Apache Nation Code. I	also
nderstand and agree that I must abide by all laws o Fas, but all other laws of the Jicarilla Apache Natio				
anctions; suspension and/or revocation of my work				
vork permit. I also understand and agree, I am subje				
his work permit application. I also certifiy that I ha abor laws.	ve completed the necessary	documentation with	ny employer to comply with federal er	nployment a
Jame (please print)		Signature		
mine greene printy		orginature		

# PDF FORM OF APPLICATIONS

Was INTERIOR NEW MEXICO.

- Work permit application can be:
  - downloaded and filled out
  - Filled out using Adobe Acrobat Pro DC and printed
    - Preparer signature/date **must be** original signature
    - Employee signature/date **must be** original signature

Please do not resize application paper size. We have been receiving 9X5 applications.

Gather your information before starting your application packet. Please follow all instructions.

## START HERE

- DOWNLOAD Adobe Acrobat Reader DC at get.adobe.com/reader/
- SCAN all your employees DL/ID. Make sure they are all clear & colored. Save them to your desktop as a jpg file.
- DOWNLOAD the Jicarilla Work Permit Application at jandol.com Save the application to your desktop.
- OPEN the application you saved on your desktop; it should open in your newly installed Adobe Acrobat Reader DC. You will be able to fill in the document online and add the DL/ID you just saved.
- PRINT after you completed the application. FOR ADDITIONAL employees fill out page two again and PRINT only page two.

## PAGE 1 COMPANY INFORMATION

- 1. No of cards requesting (No of cards must equal amount of money order
- 2. Select type of company. If Other Specify
- 3. Company Name (This will appear on card)
- 4. Contact Person/Position (First name MI Last Name, Position)
- 5. Physical Address of your company
- 6. Mailing address (Cards will be sent here)
- 7. Business Phone Number OR cell number
- 8. Email Address

Only (1) Company page per packet. Each company page received will be charged \$20 processing fee.



#### JICARILLA APACHE NATION DEPARTMENT OF LABOR

Processed By:

No. of cards requesting: 26

WORK	PERMIT	APPL	ICA	MOITA
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25 Hawk Drive PO Box 507 Duice NM 87528 (575) 759-4410

Oil Field	Construction	Residential	Ranch	Oth	er	
ompany Information						
ompany Name						
	ABC SAMPLE R	OUSTABOUT SE	RVICES			
ontact Person Nam	ne/Title					
	John A. Doe, Manager					
hysical Address		City	State		Zip	
252545 E. Ma	ain Street	Farmingtor	n NM		87401	
lailing Address (Car	rds will be sent here)	City	State		Zip	
PO Box 256	6	Farmington	n NM		87401	
hone number		Email address	•			
(575) 759-42	64	sampleem	sampleemail@gmail.com			

## PAGE 1 JOB SITE INFORMATION

- 1. Are you the prime contractor? (Owner will be able to answer this question)

  Select yes/no
- 2. Are you a subcontractor? (Owner will be able to answer this question)
  - a) Select yes/no
  - b) List the prime contractor company name
- 3. For Oil & Gas companies only-please list well-site location(s).
  - a) If all locations will not fit in this space
    - i. (see attachment)
    - ii. print out a list
    - iii. submit document as an attachment.
- 4. For Oil & Gas/Construction/Residential/Other, must state type of work conducting. (Application will be returned if left blank)
- 5. Print name can be typed
- 6. Signature/Date must be original
  - (signed with BLUE ink pen)

Job Site Information					
Are you the prime contractor?	Are you a subcontractor?	Who is your prime con	tractor? (Company Name)		
Yes No	X Yes No	EXSAMPLE C	DILFIELD SERVICES		
For Oil & Gas companies must give well-site location(s).					
Jicarilla 4 R Unit, EXsample Well Site					
For Oil & Gas/Construction/Residential/Ranch/Other, mus	st state type of work conducting	on the Jicarilla Apache	Reservation.		
If left blank, application will be returned					
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 are original and not forged.					
Signature of Preparer	Print Name		Today's Date (mm/dd/yyyy)		
Use BLUE ink pen	Jane S Doe		Use BLUE ink pen		

## PAGE 2 EMPLOYEE INFORMATION

Please check company names on all documents. If page 2 has different company name, application will be returned.

Company Name (Must be completed by employee only) Company Name ABC SAMPLE ROUSTABOUT SERVICES **Employment Information** First Name Last Name Middle Initial Sample n/a Lani Position Title CDL Driver **Driver's License Information** Driver's License Number Expiration Date State Issued 123456789 NM

Name must be as shown on DL/ID

If no middle initial-put n/a (do not leave blank)

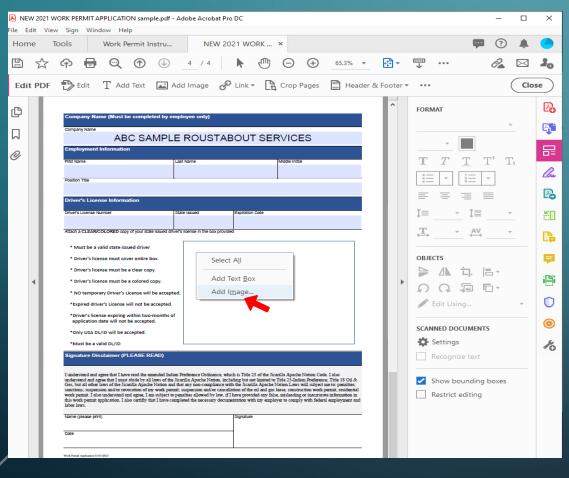
**NO Nicknames** 

If DL/ID is expired, application will be returned.

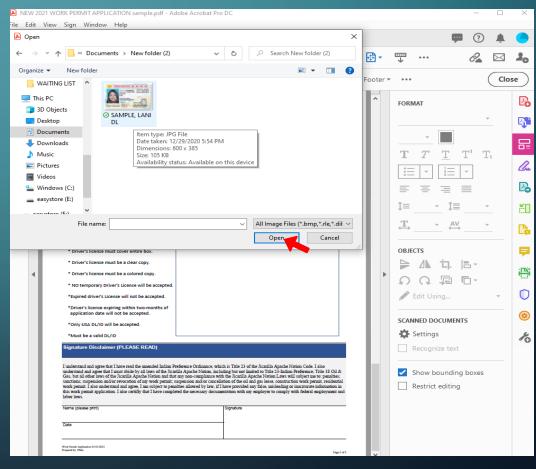
DL/ID expiring within twomonths of application date will not be accepted.

# DRIVER'S LICENSE/ID INFORMATION

# RIGHT-CLICK SELECT ADD IMAGE

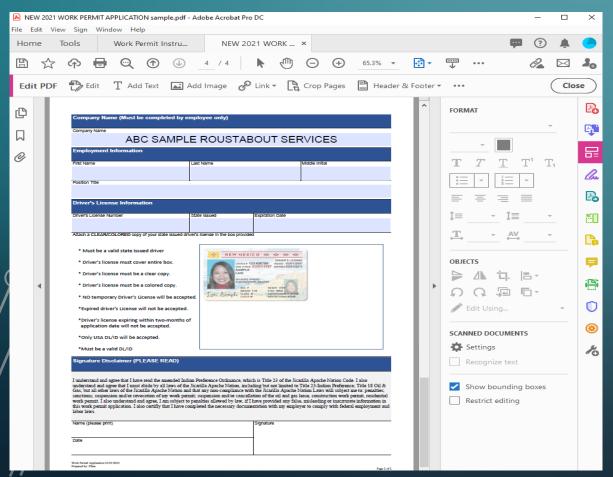


# SELECT EMPLOYEE DL/ID SELECT OPEN

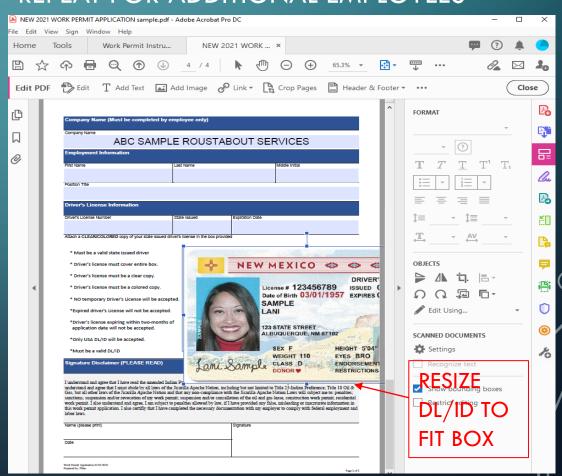


# CONTINUED STEPS ON DL/ID INFORMATION

DL/ID WILL APPEAR
POSITION IN THE BOX



RESIZE THE DL/ID TO FIT IN THE BOX
PRINT EMPLOYEE SHEET, CLEAR AND
REPEAT FOR ADDITIONAL EMPLOYEES

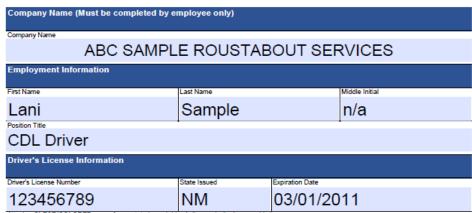


## PAGE 2 EMPLOYEE INFORMATION

Example of how page two will look when completed.

#### Signature Disclaimer

- 1. Please have employee read before signing
- 2. Use BLUE ink pen to fill
  - (MUST BE SIGNED BY EMPLOYEE ONLY)
  - Name (please print)
  - Date
  - Signature
- 3. The forging of signatures and dates on applications will not be tolerated. Companies will be sanctioned, and work permits will be suspended.



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 inacrrurate 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

Use BLUE ink pen Use BLUE ink pen Use BLUE ink pen

# CANADA EMPLOYEE(S) MUST ATTACH:

- ❖I-9 Forms
- Work Visa

MEXICO EMPLOYEE(S) MUST ATTACH:

- New Mexico Drivers License OR
- New Mexico Identification Card

If sent in without the required documents your application will be returned. To avoid the delay of your cards, please do not add them to your application until they received their required documents.

# ATTACHMENTS

# Jicarilla Operating Permit

- For Oil & Gas Companies Only
- Must be attached to each work permit application.
- Expired or expiring soon -- operating permits will not be accepted
- Only 1 copy per packet

## Jicarilla Gross Tax Receipt Registration

- Must be attached for all companies
- Subcontractors will need to submit a copy of their prime contractor's Jicarilla Gross Tax Receipt Reg.
- Expired or expiring soon
   Jicarilla Gross Tax Receipt
   Registration will not be
   accepted
- Only 1 per packet

### **Business Card**

- Business Owner
- Preparer Business Card

#### DO NOT ATTACH

 New Mexico Gross Tax Receipt. This document is not required

# FLASH DRIVE



- A flash drive (sometimes called a USB device, drive or stick, thumb drive, pen drive, jump drive or USB memory). Above picture of flash drive is provided for companies asking "what is a flash drive"
- Label flash drive with company name/unlabeled flash drives will be returned
- Pictures must be saved as JPG file (last name, first name, MI) use employee name as shown on DL/ID Please NO nicknames.
- Pictures of head to shoulder only. No full-body pictures. Must be able to edit pictures.
- Please clean lens before taking pictures. Picture must be clear and in color, No blurry pictures will be accepted.
- No hats (for Police Dept/Game & Fish identification purposes)
- Flash drives must have only employee pictures saved.

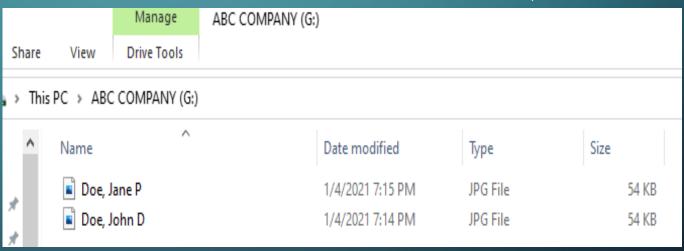
## FLASH DRIVE (PLACE A LABEL ON YOUR FLASH DRIVE WITH COMPANY NAME)

Pictures saved on flash drive must be NEW camera pictures. All pictures will be checked. Previous used pictures will not be accepted, and application will be returned. Please DO NOT use nicknames.

PICTURE SAMPLE-PLEASE NO FULL BODY PICTURES. MUST BE SAVED EXACTLY LIKE THE PICTURE BELOW.



PICTURE MUST BE SAVED AS A JPG FILE. FILE NAME MUST BE (LAST NAME, FIRST NAME, MI) AS SHOWN ON DL/ID



Note: Do not save pictures on a paper and save because this makes it hard to edit the pictures (More explanation provided on next slide)

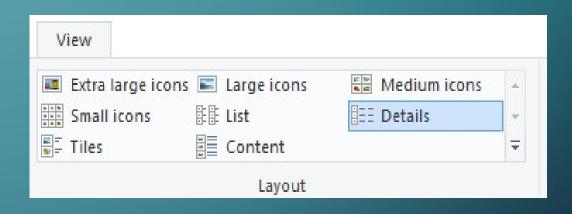
## EXAMPLE OF BAD JPG FILES

Please before sending your flash drives, check your pictures. Companies have been sending in pictures that are saved on a paper and then saved as a jpg file.

To check if you saved the picture correctly. Open flash drive, click on View, select Extra large icons.

The picture to the right will show you the correct way to save jpg files.

Pictures saved on paper will cause problems when attempting to edit the picture these pictures are distorted and cannot be edited. Files saved incorrectly will be returned.





# PAYMENT (MONEY ORDERS ONLY)

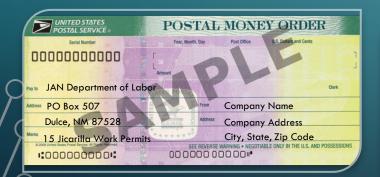
We currently only accept money orders as payments. NO CASHIERS CHECKS, CASH, CHECKS.

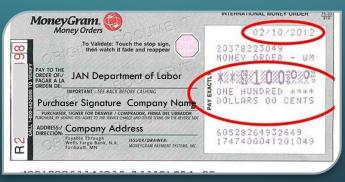
Application packets sent with (cashier's checks, cash, checks) will be returned.

Please fill out entire Money Order

- Make Money Orders payable to: JAN Department of Labor PO Box 507 Dulce, NM 87528
- From: Your company name and address
- Money orders can be found at post offices, and MoneyGram vendors also banks have personal money orders available.
- Sorry for any inconvenience.

## SAMPLES OF MONEY ORDERS





Personal Money Order

Money order number

k of America, N.A.

N ANTONIO, TX

to 09/17/14 09:16:34 AM

Pay

AMERICA

BANK OF AMERICA

AMERICA

AMERICA

AMERICA

AMERICA

AMERICA

Company Name

Company Name

Company Address

POSTAL MONEY ORDER

MONEYGRAM MONEY ORDER

BANK PERSONAL MONEY ORDER

APPLICATIONS SENT WITH CASHIER'S CHECKS WILL BE RETURNED.

# COMPLETE WORK PERMIT APPLICATION PACKET WILL INCLUDE THE FOLLOWING



Please check packet before sending.

- ENTIRE 2021 NEW APPLICATION
  - a) PAGE 1 COMPANY INFORMATION

ONLY (1) copy per application packet. Each Page 1 will be charged the \$20 Admin Fee.

- a) PAGE 2 EMPLOYEE INFORMATION
  - PLEASE PRINT ADDITIONAL SHEETS IF NEEDED
- 2) JICARILLA OPERATING PERMIT

ONLY (1) copy per application packet

CALL OIL & GAS AT 575-759-3485
 TO APPLY FOR AN JICARILLA
 OPERATING PERMIT OR UPDATE

3) JICARILLA GROSS TAX RECEIPT REGISTRATION

ONLY (1) copy per application packet

- CALL TAX & REV OFFICE AT
   575-759-4254 TO APPLY FOR AN
   JICARILLA GROSS TAX RECEIPT
   REGISTRATION
- 4) BUSINESS CARDS
  - BUSINESS OWNER
  - PREPARER

- 5) FLASH DRIVE
  - LABEL FLASH DRIVE WITH COMPANY NAME
  - LABLE PICTURES WITH EMPLOYEE
     NAMES
  - MUST BE SAVED AS JPG FILE
- 6) MONEY ORDER ONLY

# WORK PERMIT APPLICATION PACKETS CAN BE SENT TO THE FOLLOWING:

SENDING PACKET BY MAIL

JICARILLA APACHE NATION

**DEPARTMENT OF LABOR** 

**ATTN: COMPLIANCE OFFICE** 

PO BOX 507

**DULCE, NM 87528** 

SENDING PACKET BY FEDEX/UPS

JICARILLA APACHE NATION

DEPARTMENT OF LABOR

ATTN: COMPLIANCE OFFICE

25 HAWKS DRIVE

**DULCE, NM 87528**