



THE JICARILLA APACHE NATION

PHONE: (575) 759-4416/4417 FAX: (575) 759-4473
cm_dol@yahoo.com ltalamante1212@yahoo.com

INDIVIDUAL WORK PERMIT APPLICATION

Each individual must obtain an Individual Work Permit from the Jicarilla Apache Nation's Department of Labor authorizing their presence on Jicarilla Apache Nation lands for the purpose of conducting oil and gas activities.

Procedure:

- 1) The individual work permit application must be completed in its entirety.
- 2) Follow the instruction on the work permit application.
- 3) Work permit fee \$10.00 per card.
- 4) Attach a copy of the current Operating Permit and a copy of the Gross Receipt Tax Registration.
- 5) Mail to the address specified on **page 1** of the work permit application.



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WORK PERMIT APPLICATION

COMPANY NAME: _____
(Name as it appears on the operating permit)

COMPANY ADDRESS: _____

Well Site location(s) conducting oil & gas activity *Identify at a minimum 5 well site locations.*

Type of oil & gas activity conducting: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

SIGNATURE: _____ DATE: _____
Employee who prepared the submission

PRINT NAME: _____

MAIL TO:
JICARILLA APACHE NATION
DEPARTMENT OF LABOR
Compliance Office
PO Box 507
Dulce, New Mexico 87528

Attach a copy of your current Operating Permit and verification that your company has registered with the Jicarilla Apache Nation's Revenue and Taxation Department

(NAME AS IT APPEARS ON THE DRIVER'S LICENSE; INCLUDE THE MIDDLE INITIAL)

Name of Employee: _____ DL# _____
Position: _____ New _____ Renewal _____ State issued _____
American Indian: _____ Other: _____

Name of Employee: _____ DL# _____
Position: _____ New _____ Renewal _____ State issued _____
American Indian: _____ Other: _____

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Position: _____ New _____ Renewal _____ State issued _____
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American Indian: _____ Other: _____

Name of Employee: _____ DL# _____
Position: _____ New _____ Renewal _____ State issued _____
American Indian: _____ Other: _____

Name of Employee: _____ DL# _____
Position: _____ New _____ Renewal _____ State issued _____
American Indian: _____ Other: _____

(Print additional copies of this form if needed for additional employees)

(FOR NEW WORK PERMITS ONLY)

To obtain work permits through the mail, the following information, in its entirety, must be submitted.

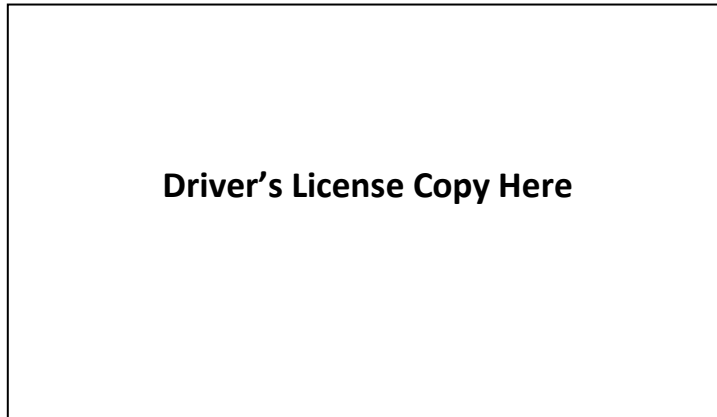
FOLLOW THE FORMAT

- ❖ Copy of current Driver's License (or) Copy of current Photo ID
- ❖ An actual photo of the employee
 - **MUST** be saved as a JPEG image on a FLASH DRIVE, a CD or an actual photo (all photos must be named)
- ❖ Copy of Employee's Signature
 - **MUST** use a MEDIUM POINT MARKER for signatures
- ❖ A check for the work permits. (Permit Fee - **\$10.00** per employee)
 - Make the check payable to the Jicarilla Apache Nation Department of Labor

COMPANY NAME: _____

(Name as it appears on the operating permit)

Jicarilla Apache Nation Photo Information



*****Make Sure the License Number is Legible*****

POSITION TITLE: _____

Employee Signature Below: **MUST** use a MEDIUM POINT MARKER for signatures.



Sample

(Signature)

PRINT NAME: _____

*****VERY IMPORTANT***** Along with this information, you need to have your employee's actual photo saved on a disc, or flash drive, and attach it to the work permit application. Please remember to identify the picture with the employee's name.

I _____ (name), as an employee of _____ (employer's name) 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. 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.

SIGNATURE: _____ DATE: _____
Individual

PRINT NAME: _____

Applications must be submitted to:

MAIL TO:

JICARILLA APACHE NATION
DEPARTMENT OF LABOR
ATTN: Compliance Office
PO Box 507
Dulce, New Mexico 87528

cm_dol@yahoo.com
Cassandra Medina, Compliance Officer

ltalamante1212@yahoo.com
Lucinda Vigil, Compliance Assistant

OFFICE USE ONLY:

[] Approved _____ (authorized DOL Official).

[] Denied, reason(s): _____
_____ (authorized DOL Official).

(Print additional copies of this form if needed for additional employees)