



Yakama Nation Department of Revenue Courtesy Work Permit Application Packet

3-Day

1 Month

3 Month

6 Month

CHECKLIST MUST BE COMPLETED BEFORE THE APPLICATION CAN BE PROCESSED.
PURSUANT TO R.Y.C. CHAPTER 32.118, T-111-14, CA#007-2023-9 & CA#30-2023-1

- APPLICATION COMPLETE.
 - COPY OF STATE DRIVER LICENSE/IDENTIFICATION CARD OF PERMITEE.
 - COPY OF ENROLLMENT CARD OF ENROLLED YAKAMA MEMBER (IF APPLICABLE).
 - WORK PERMIT: MUST HAVE YN BUSINESS LICENSE, IF APPLICABLE, COMMERCIAL WOODCUTTING PERMIT, TIMBER SALE NAME/LOCATION, CONTRACT, PROGRAM MEMO/COMMITTEE ACTION (IF APPLICABLE).
 - PAYMENT MADE PAYABLE TO: **Yakama Nation Dept. of Revenue** * *We now accept Debit/Credit*
 - IN THE AMOUNT OF:
 - ❖ \$15 (3-day)
 - ❖ \$25 (1 month)
 - ❖ \$55 (3 month)
 - ❖ \$105 (6 month)
 - EMAIL TO: revenue@yakama.com or MAIL TO: YN DOR PO BOX 151 TOPPENISH, WA 98948
- Or IN PERSON: 401 FORT RD. TOPPENISH, WA 98948, ROOM 138
- QUESTIONS: CONTACT (509)865-5121 EXT. 6028/ 6069/ 6091

It is the RESPONSIBILITY of the Enrolled Member/Program to ensure the application is COMPLETE and ALL supporting documents are included in the packet. Incomplete applications will NOT be processed until it is complete with supporting documents. In order to protect our valued customers we will not store personal identifiable information, please resubmit all supporting documents needed with the application in order for it to be complete. Missing documents is considered an incomplete application.



DEPARTMENT OF REVENUE

FY26

Non-Refundable Non - Transferable

CP NO: _____

YAKAMA NATION
SPECIAL COURTESY (CLOSED AREA) WORK PERMIT APPLICATION

___ New ___ Renewal

Please choose from one of the following options:

___ 3-day - *\$15 Administrative fee* ___ 1 Month - *\$25 Administrative fee*

___ 3 Month - *\$55 Administrative fee* ___ 6 Month - *\$105 Administrative fee*

Specify time period: Beginning Date: _____ Ending Date: _____

1. Permittee's Legal Name: _____ PHONE#: _____
(PRINT)

2. Address of Permittee: _____

3. Enrolled Member: _____ Enrollment Number: _____

4. Yakama Nation Program OR Business Name w/YN License #: _____

5. Contact Person: _____

6. Telephone No: _____ Cell No: _____

7. Route of Entry –Destination/Location:

- Mill Creek Guard Station Old Maids Glenwood

Other (specific area(s)) : _____

8. **Purpose(s) of Entry:**

Additional documentation required for approval purposes (Contract, Comm. Action, Bus. Lic., Memo/Letter)

Work Permit -----

- Person with Bon-Fide Business/Property Interest
 Commercial Woodcutting Permit # _____
 Loggers, please specify Contract Name & # _____
 Federal Employee, or APPROVED Volunteers
 Attorney, Scientist, Biologist, Consultant, or person under contract
 Other: _____

*If a permittee is no longer employed, the employer must notify DOR to revoke their permits immediately.

9. Auto Make/Model/Year/License Plate Number(s): *If more than 4 vehicles, please attach list*

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____ PLATE#: _____

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____ PLATE#: _____

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____ PLATE#: _____

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____ PLATE#: _____

