2027

Yakama Nation Department of Revenue
Courtesy Family Permit Application Packet

3-Day 6 Month
3 Month Annual

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 VALID STATE DRIVER LICENSE/IDENTIFICATION CARD OF PERMITEE.
- ☐ COPY OF ENROLLMENT CARD'S FOR ALL ENROLLED YAKAMA MEMBER'S ON APPLICATION.
- ☐ FAMILY PERMIT: MUST VERIFY RELATIONSHIP W/ SUPPORTING DOCUMENTATION.
    - Examples: ID's (same last name/address), Marriage license, Birth cert. for child (parents of same child), Family tree
- ☐ COPY OF PERSONAL USE WOODCUTTING PERMIT (IF APPLICABLE).
- ☐ PAYMENT MADE PAYABLE TO: Yakama Nation Dept. of Revenue ** We now accept Debit/Credit*
- ☐ IN THE AMOUNT OF:
    - ❖ $15 (3-day)
    - ❖ $55 (3 month)
    - ❖ $105 (6 month)
    - ❖ $205 (Annual)

ELDER PERMITTEE: $5.00 PROCESSING FEE ONLY

SUBMIT VIA EMAIL: revenue@yakama.com, MAIL: 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 /6107

It is the RESPONSIBILITY of the Enrolled Member 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.

Confederated Tribes and Bands
of the Yakama Nation

Established by the
Treaty of June 9, 1855

DEPARTMENT OF REVENUE

FY27

Non-Refundable Non - Transferable

CP NO: _____

YAKAMA NATION
SPECIAL COURTESY (CLOSED AREA) FAMILY PERMIT
APPLICATION ☐ New ☐ Renewal

Please choose from one of the following options:

___3-day - *$15 Administrative fee* ☐ 3 Month - *$55 Administrative fee*

☐ 6 Month - *$105 Administrative fee* ___Annual - *$205 Administrative fee*

Specify time period: Beginning Date: _____Ending Date: _____

1. Permittee's Legal Name:_____ PHONE#: _____
(PRINT)
2. Address of Permittee:_____
3. Is permittee 12 years of age or younger? ☐ Yes ☐ No OR is the permittee an Elder (55 +)? ☐ Yes ☐ No
4. Permittee's Relationship to enrolled member: (check one) Additional docs. required for approval purposes

☐	Spouse	☐	Child	☐	Dependent (adopted/foster)	☐	Brother
☐	Sister	☐	Aunt	☐	Uncle	☐	Mother
☐	Father	☐	Grandparents	☐	Mother-in-law	☐	Father-in-law
☐	Niece	☐	Nephew	☐	Grandchild	☐	Parent
☐	Extended Family (Identify relationship)						

Purpose(s) of Entry: _____

5. Enrolled Member(s): *(must provide Yakama Enrollment card for each member)*
   NAME: _____ *ENROLLMENT#:* _____
   NAME: _____ *ENROLLMENT#:* _____
   NAME: _____ *ENROLLMENT#:* _____
   NAME: _____ *ENROLLMENT#:* _____
6. Enrolled Member Mailing Address: _____
7. Telephone No:_____ Cell No:_____
8. Route of Entry – Destination/Location:

☐ Mill Creek Guard Station ☐ Old Maids ☐ Glenwood
Other (specific area(s): _____

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#: _____

ACCOUNT # 4301-0103-9030-0000

Post Office Box 151, 401 Fort Road, Toppenish, WA 98948
(509)865-5121 Ext. 6028, 6069, 6091
revenue@yakama.com

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DEPARTMENT OF REVENUE FY27

FOR OFFICE USE ONLY

	APPLICATION COMPLETE	FEE PAID:		$15		$55		$105	$205	DATE MAILED:
CR#:			CR REF #:							DATE PICKED UP:
DATE PROCESSED:			DOR STAFF INITIALS:							REVIEWED BY:
	APPROVED		DISAPPROVED							

LAW & ORDER COMMITTEE CHAIR/MEMBER SIGNATURE

REASON FOR DISAPPROVAL: (IF APPLICABLE)
ACTIONS TAKEN:

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