



WHITETOP NATION IDENTIFICATION CARD APPLICATION

NOTICE: All information on this application must be in INK. Applications held for 90 days only. WN CANNOT REFUND PAYMENT ONCE APPLICATION IS SUBMITTED. APPLICATIONS COST \$35.00 PER CARD EXCLUDING ANY DONATIONS PER QUESTIONS 4 - 9

FOR DEPARTMENT USE ONLY
RESTRICTIONS/ENDORSEMENTS

ASSIGNED # _____

Application for Tribal Identification: Adult (17 Years 10 Months and Older) Youth (9 Years 10 months to 18 years of age)
 Child (birth to 10 years of age)

Select one: Original Renewal Replacement Address or Name Change

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Suffix: _____ Birth Surname (Maiden): _____ SSN: _____

Date of Birth (mm/dd/yyyy): _____ Sex (select one): Male Female Height: _____ Ft. _____ In. Weight: _____ Lbs.

Eye Color (select one): Blue Brown Gray Hazel Green Black Maroon Pink

Hair Color (select one): Black Red Gray Brown Blonde Bald White

Tribal Number (select one): _____

Citizen: _____ Associated: _____ Honorary: _____

Place of birth: City: _____ State: _____ County: _____ Country: _____

Father's Last Name: _____ Mother's Maiden Name: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: _____ Other Phone: _____ Email: _____

In the event of injury or death would you like to provide up to two (2) emergency contacts? If yes, please list:

a) Name _____ Phone Number _____ Address _____

b) Name _____ Phone Number _____ Address _____

Alternate Address: (Authorized Personnel Only)

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

REQUIRED INFORMATION FROM ALL APPLICANTS

YES NO

1. Are you a veteran? If no, go to question 2.
 - a.) Do you want a Veteran designator on your ID, (Proof of DD-214 or current active duty orders) or
 - b.) Are you > than or 50% disabled or are you 40% and have had a lower extremity amputated and want a Disabled Veteran designator on your DL or ID? (Proof of honorable discharge is required; some acceptable documents are DD214/215, NGB22, VA disability letter, Veteran Identification card, or proof of service/ verification of honorable service card. Proof of disability is required for Disabled Veteran designator)
 - c.) If you want a Veteran or Disabled Veteran designator, do you want the branch of service shown on your ID? If yes, select one:
 - Army Air Force Coast Guard Marines Navy Space Force National Guard
2. Are you or have you served as a Tribal Elder? (Proof of service required) If no, go to question 3.
 - a.) Do you want a Elder designator on your ID?
3. Would you like to register as an organ donor?
4. Do you want to donate to the Len Rineholt Endowment? If yes, please indicate a donation amount of \$1 or more \$ _____ .00.
5. Do you want to support the Whitetop Nation Land fund? If yes, please indicate a donation amount of \$1 or more \$ _____ .00.
6. Do you want to support Whitetop Nation Veterans? If yes, please indicate a donation amount of \$1 or more \$ _____ .00.
7. Do you want to support the Federal/State Recognition process? If yes, please indicate a donation amount of \$1 or more \$ _____ .00 to help in the funding of legislation and required processing fees by the States and the federal government.
8. Do you want to support the reclamation of tribal sovereign cemeteries and lands? If yes, please indicate a donation amount of \$1 or more \$ _____ .00 to help fund the research of tribal cemeteries and the creation/placement of plaques for recognition.
9. Do you want to support the issuance of a Tribal ID for foster or homeless youth? If yes, please indicate a donation amount of \$1 or more \$ _____ .00 to exempt this population from paying any fees.

REQUIRED DIGITAL ITEMS FOR APPLICATION TO BE PROCESSED

- ___ 1) 2"X2" PASSPORT PHOTO
- ___ 2) DIGITAL COPY OF LEGAL SIGNATURE OF APPLICANT FOR INCLUSION ON ID
- ___ 3) PROOF OF RESIDENCE
- ___ 4) ENCLOSED AMOUNT OF CARD AND DONATIONS VIA CHECK TO BE MAILED WITH APPLICATION OR ONLINE PAYMENT THROUGH PAYPAL LINK [CLICK HERE](#) OR https://www.paypal.com/donate/?hosted_button_id=GNC6HHYKQ4FCQ

APPLICATIONS MAILED TO: (Physical copies are required prior to ID being issued)

Whitetop Nation

**ATTN: Department of Culture and Heritage
P.O. Box 867, Georgetown, KY 40324**

OR

applications@whitetopnation.org

NOTICE: The information on this application is required by the Whitetop Nation Identification Act. Failure to provide the information is cause for refusal to issue an identification card, and in some cases, cancellation or withdrawal of select privileges. False information could also lead to criminal charges with penalties of a fine up to \$4,000.00 and/or 6 months in jail.

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE

Disclosure of your social security account number is mandatory for tribal identification card applicants but voluntary for election identification certificate applicants. This information is solicited pursuant to 42 U.S.C. section 405(c)(2)(C)(i), 42 U.S.C. section 666(a)(13)(A), 6 C.F.R. section 37.11(e), 49 C.F.R. section 383.153, Bureau of Indian Affairs, and Whitetop Nation Code. The Department will use social security number information for identification purposes and will only release the number as statutorily authorized by Whitetop Nation Code.

UNITED STATES SELECTIVE SERVICE

Any male at least 18 but younger than 26 years of age submitting this application consents to registration with the United States Selective Service System. Alternative options for those who object to conventional military service for religious or other conscientious reasons may be found at: <https://www.sss.gov/About/Alternative-Service>. By submitting this application, I am consenting to registration with the United States Selective Service System if my registration is required by federal law.

DO NOT SIGN BELOW UNTIL INSTRUCTED TO DO SO BY NOTARY PUBLIC OR WN LICENSE EMPLOYEE.

CERTIFICATION

I do solemnly swear, affirm, or certify that ___ I am the person named herein, or ___ the parent of said minor, and that the statements on this application are true and correct. I further certify my residence address is a (select one): ___ single family dwelling, ___ apartment, ___ motel, temporary shelter. I understand that I am required by law to report any change of name or address to the Whitetop Nation within forty-five days.

X Signature of Applicant: _____ Date _____

Sworn to and subscribed before me this _____ day of _____, _____

Notary Public in and for the State of _____/Authorized Officer