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.

APPLICATION CONTINUED ON BACK

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 DONTAIONS VIA CHECK TO BE MAILED WITH APPLICATION OR**

ONLINE PAYMENT THROUGH ZEFFY LINK CLICK HERE OR

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

id@whitetopnation.org / applications@whitetopnation.org

NOTICE: The information on this application is required by the Whitetop Nation Identification Act of 2023. 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 in accordance with tribal, state, and federal law.

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.

BIA RENOUNCEMENT OF ANY OTHER TRIBAL CITIZENSHIP (INITIAL EACH STATEMENT BELOW):

_____I am not registered, nor am enrolled with another Tribal Nation other than the Whitetop Nation.
_____I have not held, nor hold, any formal or informal relations with another tribe that has me act in any matter on their behalf within the Whitetop Nation.
_____I further swear, affirm, or certify that I renounce any tribal citizenship within any other tribe other than Whitetop Nation until such time as I provide certified letter to Whitetop Nation that I renounce citizenship.
_____I acknowledge that this application will be kept on file for Tribal and BIA records to validate tribal registry.

DO NOT INITIAL OR SIGN BELOW UNTIL INSTRUCTED TO DO SO BY NOTARY PUBLIC.

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 I understand 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

(Rev. 11/2026)