

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS**

APPLICATION FOR REVOCABLE USE PERMIT

ALLOTTEE: _____ **DATE:** _____

Application is hereby made for the REVOCABLE USE PERMIT of the following described land (If less than entire parcel, attach description and map, with sketched boundaries):

In justification of this application, true statements are made to the following:

1. **Date of Birth:** _____ **age:** _____
2. **Social Security Number:** _____
3. **Marital Status:** _____
4. **Education:** Years in Elementary School _____ High School _____ College _____
5. **The following person(s) are dependent upon me for support (Give names, ages, and relationship):** _____
6. **I am enrolled as an** _____ **Degree of Native Blood** _____
Village Corporation _____ **Regional Corporation** _____
7. **Permanent Address:** _____
Phone Number: _____ **Best time to be reached:** _____
8. **The amount of my annual income is** _____
9. **My income is obtained from the following sources:** _____
10. **If receiving public assistance grants from the State, or general assistance from the Bureau of Indian Affairs, or funds from the Veteran's Administration, Social Security, or any regular public benefit, state kind and amount (if none, state none).** _____

11. **If indebted to the United States, state amount and purpose of indebtedness (if none, state none).** _____
12. **I (do) (do not) live on or make personal use of the land covered by this application.**

13. The land is leased and the annual rent received is \$ _____ (If not leased, state none).

NAME OF PROPOSED PERMITTEE: _____

ADDRESS: _____

CONTACT NAME & PHONE NUMBER: _____

PURPOSE OF PERMIT: _____

I authorize the Revocable Use Permit of the land heretofore described and hereby accept the amount offered. It is also agreed that the proceeds arising from the Revocable Use Permit may be disposed of in accordance with the regulations prescribed by the Secretary of the Interior.

Signed this _____ day of _____, 20 _____, I hereby certify that the effect of this application was explained to me and that I fully understand it.

(Applicant Signature)

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Postmaster or Notary Public in and for Alaska
My Commission Expires: _____

Signed this _____ day of _____, 20 _____, I hereby certify that the effect of this application was explained to and fully understood by the applicant. Application hereby recommended for approval.

Realty Director, Native Village of Kotzebue

Application hereby approved this _____ day of _____, 20 _____.

Regional Director, Alaska Region