



Tribal Employment Rights Office
 2665 Kwina Rd Bellingham WA 98226
 Phone: (360) 312-2287

RELICENSING ASSISTANCE PROGRAM APPLICATION
WE WILL NEED A COPY OF YOUR WA STATE ID AND TRIBAL ID!

NAME:		DATE:
Current address:		
City:	State:	ZIP Code:
<i>Mailing address:</i>		
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
Date of Birth:	Phone #:	Enrollment No.:
Email:	Message #:	Last 4 SSN #:
Highest grade completed: _____		
<input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Current College student <input type="checkbox"/> Artist		
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Income:	Phone:	Fax:
Does your job require you to have your license?		
Income Level: <input type="checkbox"/> 0-\$10,000 <input type="checkbox"/> 11k-\$20,000 <input type="checkbox"/> 21k-\$30,000 <input type="checkbox"/> 31k-\$40,000 <input type="checkbox"/> \$41,000+		
LICENSE HISTORY		
Have you tried assistance from other sources: <input type="checkbox"/> Yes <input type="checkbox"/> NO if yes, when:		
License # or WA State ID #:		
Has your license been: <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked If so, until 20_____.		
Do you know if you are eligible for a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> NO		
Do you have pending charges or warrants for your arrest? <input type="checkbox"/> Yes <input type="checkbox"/> NO		
Estimates current court fines? \$		Date of Court?
Do you have payment arraignments set up for fines already?		
How much can you afford to pay a month?		
Have you completed the DOL License Express registration?		
<p>By signing this application, the client _____ (initial) gives TERO the right to obtain information on their behalf, requesting information from, but is not limited to, LIBC entities as well as from the Department of Motor Vehicles or the Department of Licensing, Whatcom County, Bellingham and/or Ferndale Court Systems. Any information gathered is to determine eligibility for assistance only.</p>		
Signature of applicant:		Date:

Office use only:
 Date Received _____ Received by _____ Date entered into Database _____
 Received Assistance Before: Y ____ N ____ Year: _____