

## ABSENTEE SHAWNEE TRIBE OF OKLAHOMA ENROLLMENT DEPARTMENT 2025 S. GORDON COOPER DR. SHAWNEE, OKLAHOMA 74801 Phone (405) 275-4030 ◆ FAX (405) 716-6421

#### **Enrollment Department's Identity Verification Process**

The Enrollment Office will be implementing a new verification process starting on September 1, 2017. This process will include verifying an AST Tribal Member's identity through primary and secondary form of Identification (ID) or a stand-alone primary form of ID when the Member is being issued a replacement CDIB Card. The mail-in process will accept color-copied IDs (excluding birth certificate/FS-240 form) as well as a notarized statement stating that the original documents were seen. The notarized statement and the color-copied document must be completed on the same paper.

This verification process will be conducted every time a CDIB Card is being issued to an AST Tribal Member. Due to the cause of identity theft and incidents of fraudulent cards being produced, this process will provide an additional method to protect the Tribal Member's information and will continue to uphold the integrity that the Absentee Shawnee Tribal Member's CDIB card has with state and federal entities.

This process will not interfere with any Member's enrollment status, if by some chance a Member cannot be issued a CDIB Card until the appropriate form of IDs are submitted; the Enrollment Office will be more than happy to verify enrollment for the CDIB through an enrollment verification to any other department or entity that may accept this form of verification. This enrollment verification process will be conducted on a department-to-department basis as some departments do require an updated CDIB card.

There will be a three-tier list of IDs that may be presented to the Enrollment office in order to be issued a replacement CDIB Card. The Stand-Alone Primary IDs are made to be the only form of ID that does not have to be accompanied with a secondary form of ID. If a Stand-Alone Primary form of ID cannot be presented then a Primary form of ID will be required with at least one Secondary form of ID. Please reference the following list on page 2 to what will be verified as a form of ID for The Enrollment Office's Identity Verification Process:

Page 1 of 4 Revised 01/03/2020



### ABSENTEE SHAWNEE TRIBE OF OKLAHOMA ENROLLMENT DEPARTMENT

#### 2025 S. GORDON COOPER DR. SHAWNEE, OKLAHOMA 74801 Phone (405) 275-4030 ♦ FAX (405) 716-6421

Stand-Alone Primary Form of Identification	Primary Form of Identification (with a Secondary form of ID)	Secondary Form of Identification (Original Birth Certificate Required)
State ID Card or Driver's License (no More than 3 months expired) Oklahoma Self Defense Act License (Concealed/Open Carry License) (no more than 3 months expired) United States Passport (no more than 3 months expired) Out-of-State Driver's License **Current CDIB card with photo (no more than three months expired) An identification document issued by the United States Armed Services (Issued by the Department of Defense); one of the following: Military identification card Military dependent identification Card  **Identity must have been verified with acceptable identification and/or documentation with the AST Enrollment Department.		<ul> <li>Any primary proof of identification, which is not used as the primary ID for a U.S. citizen</li> <li>For any person under the age of 18, an affidavit signed by the parent or legal guardian</li> <li>Identification Document issued by one of the following:</li> <li>Oklahoma public, private, or parochial secondary school</li> <li>Oklahoma institution of higher education <ul> <li>Oklahoma technology center school</li> <li>Oklahoma employer</li> <li>Oklahoma gun permit</li> <li>Pilot license</li> <li>Oklahoma lifetime hunting or fishing license</li> <li>Oklahoma voter identification card</li> <li>Social Security card</li> <li>Health insurance card</li> <li>Motor vehicle registration or title</li> </ul> </li> <li>Marriage certificate <ul> <li>Separation or divorce judgment</li> <li>Professional degree, certificate, or license</li> </ul> </li> <li>Deed or title to property in Oklahoma, including a burial plot deed</li> <li>Health, life, or home insurance policy issued to the applicant <ul> <li>Automobile insurance policy or security verification form issued to the applicant</li> <li>A valid U.S.D.O.T. health card, as required by 49 C.F.R. Part 391</li> <li>Digital photograph comparison, if a Citizenship-generated digital photograph is already on file with the AST Enrollment Office</li> <li>Military discharge (DD-214), unless specified not to be used for identification</li> </ul> </li> </ul>

Page **2** of **4** Revised 01/03/2020



# ABSENTEE SHAWNEE TRIBE OF OKLAHOMA ENROLLMENT DEPARTMENT 2025 S. GORDON COOPER DR. SHAWNEE, OKLAHOMA 74801 Phone (405) 275-4030 ◆ FAX (405) 716-6421

#### **UNIVERSAL FORM**

Replace (No I			(Docume		<b>e Change</b> iired-No l	Exceptions)			Office Use Only
`	CDIB CDIB CDIB CE paid to Finance S or more) Or more  RS 12-17  n, enclose	□ Marriage (Marriage License) □ Divorce (Divorce Decree) □ Legal Name Change (Filed Order of Name Change) □ Adoption (Adoption Decree-Contact Enrollment Office)  TRIBAL MEMBERS 18 YEARS OLD AND ABOVE: Please enclose a PASSPORT PHOTO of yourself as well as a copy of your			Dat Emj 2x2, whit ional Ph				
with a copy of you License or State ID	r State Driver's ).	State Drive	r's License o	r State	ID.	ISSUED OR I	F THE CDII	B CARD I	HAS EXPIRED.
SIGNATURE: State	te ID, Driver's licens	e, or Driver :	s permit noi	uers iii	ust sign n	i box below. 3	ignature <b>G</b>	MIN NOT	touch the lines.
Name (First, M	iiddle, Last):								
Date of Birth:				Socia	al Secur	ity Number	:		
Telephone Nur	mber:			Emai	il (Optio	onal):			
Address:									
City:			State:		Zip Co	ode:		Coun	ty:
Would you like	to be added to t	he AST No	ewsletter	mailin	ıg list?	□ Yes □	No		
Members 18 +:	Height:	Weight:		Ha	ir Color:		All Mem	bers:	Eye color:
Signature: (If applicant is a minor p	oarent or legal guardian mus	st sign)							Date:
Print Name: (If applicant is a minor p	arent or legal guardian mus	st print)							

Page **3** of **4** Revised 01/03/2020



## ABSENTEE SHAWNEE TRIBE OF OKLAHOMA ENROLLMENT DEPARTMENT 2025 S. GORDON COOPER DR. SHAWNEE, OKLAHOMA 74801 Phone (405) 275-4030 ◆ FAX (405) 716-6421

### True Copy of Original Form of Identification(s)

	n this Box or attach color-copy to this Document
T. Cal	ne adult applicant or parent/legal guardian of the applicant)
ı,, (tr	ic addit applicant or parenty legal guardian of the applicanty
l,, (Un	to adult applicant or parent, regarguardian or the applicant,
	and complete copy of the document which it purports to repres
affirm that the identification above or attached is a true	and complete copy of the document which it purports to repres
affirm that the identification above or attached is a true  Signature:	and complete copy of the document which it purports to repres
affirm that the identification above or attached is a true Signature:	and complete copy of the document which it purports to repres
affirm that the identification above or attached is a true  Signature:  t sign and date this form in front of a Notary Public.	and complete copy of the document which it purports to repres
affirm that the identification above or attached is a true  Signature:  t sign and date this form in front of a Notary Public.  NOTARY P	and complete copy of the document which it purports to repres
affirm that the identification above or attached is a true  Signature: t sign and date this form in front of a Notary Public.  NOTARY P	and complete copy of the document which it purports to repres
affirm that the identification above or attached is a true  Signature:  It sign and date this form in front of a Notary Public.  NOTARY P  State of  County of	e and complete copy of the document which it purports to repres
affirm that the identification above or attached is a true  Signature: t sign and date this form in front of a Notary Public.  NOTARY P	e and complete copy of the document which it purports to repres
affirm that the identification above or attached is a true  Signature: t sign and date this form in front of a Notary Public.  NOTARY P  State of County of	e and complete copy of the document which it purports to repres
affirm that the identification above or attached is a true  Signature: t sign and date this form in front of a Notary Public.  NOTARY P  State of County of	and complete copy of the document which it purports to represent the complete copy of the document which it purports to represent the complete copy of the document which it purports to represent the complete copy of the document which it purports to represent the complete copy of the document which it purports to represent the complete copy of the document which it purports to represent the complete copy of the document which it purports to represent the complete copy of the document which it purports to represent the complete copy of the document which it purports to represent the complete copy of the document which it purports to represent the complete copy of the copy of the complete copy of the copy o
affirm that the identification above or attached is a true  Signature:  It sign and date this form in front of a Notary Public.  NOTARY P  State of  County of	e and complete copy of the document which it purports to repres

Page **4** of **4** Revised 01/03/2020