



*Pyramid Lake Paiute Tribe of Nevada*  
**Pyramid Lake Tribal Enrollment Office**  
 PO Box 256, Nixon, NV 89424

**EXPIRATION DATE ID CARD 18 AND OVER REQUEST FORM**

**SECTION 1: MEMBER INFORMATION**

ROLL #: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ TELEPHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

(PLEASE PRINT)

Member Name: \_\_\_\_\_  
 LAST FIRST MIDDLE MAIDEN (IF ANY)

Physical Residence: \_\_\_\_\_  
 Street Apt. # City State Zip Code

Mailing Address: \_\_\_\_\_  
 City State Zip Code

Email Address: \_\_\_\_\_ *(Optional)*

**SECTION 2: MEMBER ID DATA**

Please update your information or indicate "No changes."

*No Changes*

Height: \_\_\_\_\_  
 Hair/Eye Color: \_\_\_\_\_

Weight: \_\_\_\_\_

**SECTION 3: MEMBER SIGNATURE**

The information provided above is true and correct to the best of my knowledge and belief. I understand that providing false information or misrepresentation of the information contained herein for the purposes of obtaining an Expiration Date ID Card is subject to penalty in accordance with applicable Tribal laws.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Check this box if the person signing above is the assigned Power of Attorney (POA) or Guardian of the enrolled member.

**\*\*For Office Use Only \* \***

Card Issued:  Yes  No – Reason: \_\_\_\_\_

Card Type:  ID  TM Total Number Cards Issued: \_\_\_\_\_

Disposition:  Mail  Pickup

Date Issued: \_\_\_\_\_ By: \_\_\_\_\_  
 Tribal Enrollment Officer

PHONE: (775) 574-1000, Ext. 1115

FAX: (775) 201-1941

Email: [plenrollment@plpt.nsn.us](mailto:plenrollment@plpt.nsn.us)