

Pyramid Lake Paiute Tribe of Nevada  
**Pyramid Lake Tribal Enrollment Office**

PO Box 256, Nixon, NV 89424  
Phone: (775) 574-1000 ext. 115 | Fax: (775) 574-1008 | Email: [plnrollment@plpt.nsn.us](mailto:plnrollment@plpt.nsn.us)

## CARD REPLACEMENT REQUEST FORM

### SECTION 1: MEMBER INFORMATION

ROLL #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_  
(Please Print) LAST FIRST MIDDLE / MAIDEN (if any)

HOME ADDRESS: \_\_\_\_\_  
STREET APT.# CITY STATE ZIP CODE

MAILING ADDRESS: \_\_\_\_\_  
STREET / PO BOX APT.# CITY STATE ZIP CODE

### SECTION 2: CARD TYPE REQUESTED

TM CARD - Blue no Picture  ID CARD - With Picture

### SECTION 3: MEMBER ID DATA

If applying for a new ID card, please update your information or indicate "No Changes."

NO CHANGES SSN#: \_\_\_\_\_ *Optional - Card Copy Required*  
HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR/EYE COLOR: \_\_\_\_\_

### SECTION 4: 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 identification card and/or membership 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.  
PLEASE CONTACT THE PYRAMID LAKE TRIBAL ENROLLMENT OFFICE WITH ANY QUESTIONS.

~~ 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

This form can be completed on-line. Once completed, you must **PRINT, SIGN, and DATE** and **MAIL** to the Enrollment Office.