



If not completed in full, you will be contacted missing information

Application # \_\_\_\_\_

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**CHEYENNE RIVER SIOUX TRIBE**

**COVID-19 TRAVEL PERMIT APPLICATION**

Location of Travel: \_\_\_\_\_  
Date(s) of Travel: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_

Circle the check point(s) you would you travel through

**Bridger, Cheyenne River Bridge S63, Faith, Isabel, Red Scaffold, Red Top Hill, Swift Bird, Takini, Timber Lake**  
**Attach Proof** that Travel is Essential (letter from employer, copy of medical appointment, and receipt from non-reservation business that provides goods or services **not available** on Reservation, if not attached may be denied)

**CERTIFICATION**

(Initial to indicate that you have read and understand each statement below)

\_\_\_\_ I have been given "Summary of CRST COVID-19 Emergency Executive Orders" and "Summary of CRST COVID-19 Checkpoint Policies."

\_\_\_\_ I understand and agree that a CRST COVID-19 Travel Permit will only be issued to me if I am traveling for essential work, a medical appointment, or to obtain or deliver essential supplies or services that are not available within the Cheyenne River Sioux Reservation. I have provided proof of such essential travel.

\_\_\_\_ As a condition of having the Permit I agree and attest that, when off the Reservation, I will do the following in order to minimize my exposure to the COVID-19 virus:

- Limit the number of encounters or stops I make at businesses/homes/events off the Reservation.
- Practice good social distancing.
- ✓ Keep 6 feet away from others at all times.
- ✓ Wash hands or use sanitizer every chance I get.
- ✓ Cover my coughs and sneezes in my arm or elbow.
- Wear a facemask and gloves when out in public places
- Wash my hands and change my clothes as soon as I am able to after entering the Reservation

\_\_\_\_ If the CRST Command Center or CRST Health Department is given verifiable evidence that I have violated the terms of this application, I understand that it will be revoked immediately and, with due process, I will be subject to other penalties as described in Emergency Executive Order #2.3-2020-CR, which may include mandatory 14-day quarantine, a civil fine of \$1,000 per occurrence, impoundment of my vehicle and \$20 per day storage fee, and exclusion or banishment from the Reservation.

_____ <b>DATE</b>	_____ <b>APPLICANT</b>
Please return with appropriate documentation to:	
Email: <a href="mailto:crstcovid19safety@gmail.com">crstcovid19safety@gmail.com</a>	Or Fax: 605-964-1072

*FOR OFFICE USE ONLY*

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Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

\_\_\_\_\_ Application Approved. Permit # \_\_\_\_\_

\_\_\_\_\_ Application Denied

\_\_\_\_\_  
DATE

\_\_\_\_\_  
David D. Nelson - CRST COVID-19 Incident Commander