

# CHEYENNE RIVER SIOUX TRIBE COVID-19 TRAVEL PERMIT APPLICATION



Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Location of Travel: \_\_\_\_\_  
Date(s) of Travel: \_\_\_\_\_  
Purpose of Travel: \_\_\_\_\_

If/When approved, your permit can be **picked up curbside at the CRST Command Center, mailed to your address**, or it can be sent to the checkpoint you will be traveling through. If so, please circle which checkpoint: **Glad Valley,**

**Swiftbird, South 63, Faith, Takini, Bridger, Red Scaffold, North Isabel, Timberlake**

**\*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,)**

## 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.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**APPLICANT**

Please return with appropriate documentation to:

**Email:** [crstcovid19safety@gmail.com](mailto:crstcovid19safety@gmail.com)

**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

PERMIT VALID UNTIL: \_\_\_\_\_