

**DESIGNATION OF INDIVIDUAL
Calendar Year 2027**

EIN/SSN : _____

REFER TO INSTRUCTIONS TO COMPLETE THIS FORM

PLEASE PRINT LEGIBLY

Business Name : _____

Nature of Business : _____

1. Designee Information**Additional Designee Information**

Name : _____

Title : _____

Mailing Address : _____

City, State, Zip Code : _____

Phone Number : _____

E-mail Address : _____

2. Navajo Nation Physical Address & Phone Number (indicate N/A if not applicable)

_____ Phone : _____

3. This form applies to : (check one only)

☐ ALT ☐ BAT ☐ FET ☐ HOT
☐ JFT ☐ LIQ ☐ SALES ☐ SEV
☐ TOB ☐ E-SMOKE/NIC

4. Type of Business : (check one only)

☐ Corporation ☐ Partnership
☐ Joint Venture ☐ Sole Proprietorship
Other (Specify) _____

5. Accounting Year End : (List Month) _____**6. Accounting Records kept on:**

☐ Cash ☐ Accrual

**7. Physical Address of where records
are located** (Street, City, and State) :*No post office box numbers*

**I declare that the information contained in this document and any attachments thereto is true and correct to the
best of my knowledge and belief pursuant to all Navajo Nation Laws and Regulations.**

X

Designee or Duly Authorized Agent Signature_____
Phone Number_____
Print or Type Name_____
Date