

**United States  
Department of the Interior  
Bureau of Indian Affairs**

**Application for and Certificate of Competency to Remove Restrictions**

Allottee: \_\_\_\_\_ No. \_\_\_\_\_ Date: \_\_\_\_\_

Application is hereby made for the certificate of competency to remove restrictions for the following described land:

---

---

---

\_\_\_\_\_, containing \_\_\_\_\_ acres, more or less.

In justification of this application, true statements are made to the following:

1. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. Marital Status: \_\_\_\_\_
4. Education: Years in Elementary School \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_
5. The following person(s) are dependent upon me for support (Give names, ages, and relationship: \_\_\_\_\_
6. I am enrolled as an \_\_\_\_\_ Degree of Native Blood \_\_\_\_\_  
Village Corporation \_\_\_\_\_ Regional Corporation \_\_\_\_\_
7. Permanent Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Best time to be reached: \_\_\_\_\_
8. The amount of my annual income is \$ \_\_\_\_\_
9. My income is obtained from the following sources: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. If receiving public assistance grants from the State, or general assistance from the Bureau of Indian Affairs, or funds from the Veteran's Administration, Social Security, or any regular public benefit, state kind and amount (if none, state none).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. If indebted to the United States, state amount and purpose of indebtedness (if none, state none). \_\_\_\_\_

12. I ☐ (do) ☐ (do not) live on or make personal use of the land covered by this application.

13. The land is leased and the annual rent received is \$\_\_\_\_\_ (If not leased, state none).

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, I hereby certify that the effect of this application was explained to me and that I fully understand it.

\_\_\_\_\_  
Applicant Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Postmaster or Notary Public in and for Alaska  
My Commission Expires: \_\_\_\_\_

-----  
Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, I hereby certify that the effect of this application was explained to and fully understood by the applicant. Application hereby recommended for approval.

\_\_\_\_\_  
Regional Realty Officer, Alaska Region

-----  
Application hereby approved and the request for certificate of competency is granted, this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_. \_\_\_\_\_ is hereby vested with full power and authority to sell, lease, or otherwise convey any or all of the above-described land.

\_\_\_\_\_  
Regional Director, Alaska Region