

1854 TREATY AUTHORITY HUNTING LICENSE REQUEST FORM

Please completely fill in the requested information for each hunter that is applying for a license. All information is required and incomplete request forms will not be processed. Also make sure to check the box(es) indicating which license you are applying for. **NOTE:** ID numbers will not be given out over the phone.

The undersigned hereby swear that all information provided hereon is true.

| | | | | | |
|---|--|------------------|--|--|------|
| 1854 Treaty Authority ID# | Band Affiliation | Date of Birth | Month | Day | Year |
| Full LAST Name | Full FIRST Name | Full MIDDLE Name | | | |
| Mailing Address | | | | | |
| City | State | Zip Code | Phone Number | - | - |
| Applicant Signature | Mark an X in the box(es) for the species you will be hunting: | | <input checked="" type="checkbox"/> DEER | <input checked="" type="checkbox"/> BEAR | |
| FOR 1854 TREATY AUTHORITY USE ONLY | | | | | |
| Deer License No. Issued _____ | | | Bear Carcass Tag No. Issued _____ | | |
| _____ | | | _____ | | |
| 1854 Treaty Authority Representative | | | Date | | |