Confederated Tribes of the Umatilla Indian Reservation



2024-2025 TREATY BISON HUNT APPLICATION

LEAD HUNTER INFORMATION

LAST NAME	FIRST	MI
MAILING ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PHONE NUMBER	-AND-	EMAIL
CTUIR ENROLLMENT NUMBER	STATE LICENSE/ID NUMBER	DATE OF BIRTH (Month, Day, Year)
POTENTIAL HUNT DATES	<u></u>	
I have participated in t	the mandatory bison hu	nt orientation and have

I have participated in the mandatory bison hunt orientation and have read and understand all the conditions of this application and agree to comply with all regulations as set forth by the Fish and Wildlife Commission including any area restrictions and reporting requirements.

Background checks will be adminsistered. Members will be disqualifed if you have prior convictions related to domestic violence, big game violations with in CTUIR, State, Federal, and/or any pending investigations.

SIGNATURE OF LEAD HUNTER

DATE

APPLICANTS MUST BE AT LEAST 12 YEARS OF AGE (Hunter Safety Course Suggested and an adult to be with child at all times), ENROLLED MEMBER OF THE CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION AND IN GOOD STANDING WITH THE CTUIR FISH AND WILDLIFE COMMISSION.

UTPD REQUIRES 5-DAY NOTICE BEFORE THE ACTUAL HUNT.

FWC Administration - cliffordstanger@ctuir.org

Bison Hunt Assistants Information Sheet

All members listed consent to a background check by UTPD. Input information as shown on your State License or Government Identification.

1		
LAST NAME	FIRST	MI
MAILING ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PHONE NUMBER	-AND-	EMAIL
CTUIR ENROLLMENT NUMBER	STATE LICENSE/ID NUMBER	DATE OF BIRTH (Month, Day, Year)
SIGNATURE 2		DATE
LAST NAME	FIRST	MI
MAILING ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PHONE NUMBER	-AND-	EMAIL
CTUIR ENROLLMENT NUMBER	STATE LICENSE/ID NUMBER	DATE OF BIRTH (Month, Day, Year)
SIGNATURE 3		DATE
LAST NAME	FIRST	MI
MAILING ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PHONE NUMBER	-AND-	EMAIL
CTUIR ENROLLMENT NUMBER	STATE LICENSE/ID NUMBER	DATE OF BIRTH (Month, Day, Year)
SIGNATURE		DATE

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LAST NAME	FIRST	MI
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CONTACT PHONE NUMBER	-AND-	EMAIL
CTUIR ENROLLMENT NUMBER	STATE LICENSE/ID NUMBER	DATE OF BIRTH (Month, Day, Year)
SIGNATURE 5		DATE
LAST NAME	FIRST	MI
MAILING ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PHONE NUMBER	-AND-	EMAIL
CTUIR ENROLLMENT NUMBER	STATE LICENSE/ID NUMBER	DATE OF BIRTH (Month, Day, Year)
SIGNATURE 6		DATE
LAST NAME	FIRST	MI
MAILING ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PHONE NUMBER	-AND-	EMAIL
CTUIR ENROLLMENT NUMBER	STATE LICENSE/ID NUMBER	DATE OF BIRTH (Month, Day, Year)
SIGNATURE		DATE