

Confederated Tribes of the Umatilla Indian Reservation



2025-2026 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)
-------------------------	-------------------------	----------------------------------

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.

CTUIR will perform a criminal background check for all applicants. The background check will include searching tribal, federal, and state databases. Convictions and/or guilty pleas for wildlife violations within the last three years will disqualify applicants. The Commission will also deny any applicants if a court order prohibits them from possessing a firearm. The CTUIR Fish & Wildlife Code Section 5.19(K) bars anyone with such an order from engaging in any hunting right, violating this section is a crime.

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 Info. - <https://ctuir.org/departments/natural-resources/wildlife/bison-hunt-information/>

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	DATE
-----------	------

2

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
-----------	------

3

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
-----------	------

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.

4

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
-----------	------

5

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
-----------	------

6

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
-----------	------