Confederated Tribes of the Umatilla Indian Reservation



2022-2023 TREATY BISON HUNT APPLICATION

LA	ST NAME OF HUNT LEADE	R (PLEASE PRINT)	FIRST	MI
M	AILING ADDRESS			
CI	ТҮ	STATE		ZIP CODE
DA	AYTIME PHONE NUMBER	-AND-	Е	VENING PHONE NUMBER
СТ	UIR TRIBAL ENROLLMENT	NUMBER	DATE OF I	BIRTH (Month, Day, Year)
н	UNT ASSISTANTS			
1.	NAME (PLEASE PRINT)	CTUIR ENROLLEMENT	NUMBER	SIGNATURE OF APPLICANT*
2.	NAME (PLEASE PRINT)	CTUIR ENROLLEMENT	NUMBER	SIGNATURE OF APPLICANT*
3.	NAME (PLEASE PRINT)	CTUIR ENROLLEMENT	NUMBER	SIGNATURE OF APPLICANT*
4.	NAME (PLEASE PRINT)	CTUIR ENROLLEMENT	NUMBER	SIGNATURE OF APPLICANT*
5.	NAME (PLEASE PRINT)	CTUIR ENROLLEMENT	NUMBER	SIGNATURE OF APPLICANT*
6.	NAME (PLEASE PRINT)	CTUIR ENROLLEMENT	NUMBER	SIGNATURE OF APPLICANT*

*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 regulation as set forth by the Fish and Wildlife Commission including any area restrictions and reporting requirements.

SIGNATURE OF APPLICANT*

DATE

NOTE: APPLICANTS MUST BE AT LEAST 12 YEARS OF AGE, ENROLLED SECTION A OR B OF THE CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION AND IN GOOD STANDING WITH THE CTUIR FISH AND WILDLIFE COMMISSION.

Hunt Assistants Supplemental Information Sheet

1				
LAST NAME (PLEASE PRINT)	FIRST	М	I	
MAILING ADDRESS				
CITY	STATE		ZIP CODE	
DAYTIME PHONE NUMBER	-AND-	EVENING F	PHONE NUMBER	
CTUIR TRIBAL ENROLLMENT NUM	BER	DATE OF BIRTH (Month, Day, Year)		
2				
LAST NAME OF HUNT LEADER (PLE	EASE PRINT)	FIRST	MI	
MAILING ADDRESS				
CITY	STATE		ZIP CODE	
DAYTIME PHONE NUMBER	-AND-	EVENING F	PHONE NUMBER	
CTUIR TRIBAL ENROLLMENT NUMBER		DATE OF BIRTH (Month, Day, Year)		
3				
LAST NAME OF HUNT LEADER (PLF	EASE PRINT)	FIRST	MI	
MAILING ADDRESS				
CITY	STATE		ZIP CODE	
DAYTIME PHONE NUMBER	-AND-	EVENING F	PHONE NUMBER	
CTUIR TRIBAL ENROLLMENT NUMBER		DATE OF BIRTH (Month, Day, Year)		

Hunt Assistants Supplemental Information Sheet

4

LAST NAME (PLEASE PRINT)	FIRST	MI	
MAILING ADDRESS			
CITY	STATE		ZIP CODE
DAYTIME PHONE NUMBER	-AND-	EVENING P	HONE NUMBER
CTUIR TRIBAL ENROLLMENT NUMBER		DATE OF BIRTH (Month, Day, Year)	
5			
LAST NAME OF HUNT LEADER (PLEASE PRINT)		FIRST	MI
MAILING ADDRESS			
CITY	STATE		ZIP CODE
DAYTIME PHONE NUMBER	-AND-	EVENING P	HONE NUMBER
CTUIR TRIBAL ENROLLMENT NUMI	BER	DATE OF BIRTH (Month, Day, Year)	
6			
LAST NAME OF HUNT LEADER (PLEASE PRINT)		FIRST	MI
MAILING ADDRESS			
СІТҮ	STATE		ZIP CODE
DAYTIME PHONE NUMBER	-AND-	EVENING P	HONE NUMBER
CTUIR TRIBAL ENROLLMENT NUMBER		DATE OF BIRTH (Month, Day, Year)	

Confederated Tribes of the Umatilla Indian Reservation

Fish & Wildlife Commission



46411 Timìne Way Pendleton, OR 97801

www.ctuir.org email: info@ctuir.org Phone 541-276-3165 Fax: 541-276-3095

2022-23 BISON HUNT BACKGROUND CHECK CONSENT FORM

Consent for criminal history check

I, ______ give the Umatilla Tribal Police Department consent to conduct a Computerized Criminal History (CCH) background check for Felony, Domestic Violence, and Wildlife Violation Convictions as part of the permit application process for the Treaty Bison Hunt in Montana.

Full Name _____

Date of Birth _____

Signature _____

Date _____

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Potential Hunt Dates:

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