YUUŁU?IŁ?ATḤ FIRST NATION

Resource Harvesting Act Form RH-5



Date received:

(for Department of Lands and Resources use only)

YOUTH HARVESTING DOCUMENTATION APPLICATION

0				<u>~:</u>	* T	T
Surname:				Given Name:		
D.O.B:	Year:		Moi	Month:		Day:
Address:			,			·
Phone No. (h):				(c)		
Name of member you a	are apply	ing on behalf of:				
•						
Enrollee Number:						
Hunting gear:						
(Guardian on behalf of Youth Hunter) I certify that the information provided by me in this application is true. I acknowledge that I am responsible for informing myself and complying with the Maa-nulth Treaty, Resources Harvesting Act, regulation, harvest documents, Wildlife Harvest Plan and any direction or conditions that may be issued by the manager, director of lands and resources or chief administration officer. If I fail to comply with any of the aforemention laws, regulations, directions, or conditions, I understand that my documentation may be suspended (check box required). APPLICANT SIGNATURE (Guardian):						
Youth Hunter Signatur						
Date:						
OFFICE USE ONLY						
Date of approval:		Year:		onth		Day
Hunting Designation N	lo.:					
Date of Expiration:		Year:		Month		Day
Spousal Card No. (if an	ny):					
Fee Paid (if any):						
Conditions (if any):						
Authorized official issuing						
documentation (manager, director						
of lands and resources of	r chief					
administrative officer): Signature:						
oignature:						