

**YUULU?IL?ATH? FIRST NATION**

**Resources Harvesting Act  
Form RH-1**



**Date received:**

*(for Department of Lands  
and Resources use only)*

**HARVESTING DOCUMENTATION APPLICATION**

<b>Enrollee Number:</b>			
<b>Yuulu?il?ath? Harvesting Documentation Number/s (if any):</b>			
<b>Last Name:</b>		<b>Given Name:</b>	
<b>Date of Birth:</b>			
<b>Address:</b>			
<b>Telephone:</b>		<b>Email:</b>	
<b>Emergency Contact:</b>			
<b>Emergency Contact Tel:</b>			
<b>I certify that the information provided by me in this application is true (check box required)</b>			
<b>Signature:</b>			
<b>Date:</b>			
<b>OFFICE USE ONLY</b>			
<b>Approved by:</b>			
<b>Signature:</b>			
<b>Date Issued:</b>			
<b>Date Expires:</b>			
<b>Conditions (if any):</b>			
<b>Fee Paid (if any):</b>			
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