

UCHUCKLESAHT TRIBE



**Resources Harvesting Act
Form RH-1**

HARVESTING DOCUMENTATION APPLICATION

Date received:

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

Enrollee Number:			
Uchucklesaht Harvesting Documentation Number/s (if any):			
Last Name:		Given Name:	
Date of Birth:			
Address:			
Telephone:		Email:	
Emergency Contact:			
Emergency Contact Tel:			
I certify that the information provided by me in this application is true.			
Signature:			
Date:			
OFFICE USE ONLY			
Approved by:			
Signature:			
Date Issued:			
Date Expires:			
Conditions (if any):			
Fee Paid (if any):			
Uchucklesaht Harvesting Documentation Number/s:			