

UCHUCKLESAHT TRIBE

**Resources Harvesting Act
Form RH-4**



Date received:

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

PARK GATHERING DOCUMENTATION APPLICATION

| | | | |
|---|--|--------------------|--|
| Enrollee Number | | | |
| Uchucklesaht Park Gathering Documentation Number (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 Park Gathering Documentation Number: | | | |