

UCHUCKLESAHT TRIBE

**Resources Harvesting Act
Form RH-5**



Date received:

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

YOUTH HARVESTING DOCUMENTATION APPLICATION

Surname:		Given Name:	
D.O.B:	Year:	Month:	Day:
Address:			
Phone No. (h):		(c)	
Name of member you are applying on behalf of:			
Enrollee Number:			
Hunting gear:			
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, regulations, harvest documents, Wildlife Harvest Plan and any direction or conditions that may be issued by the manager, director of lands and resources or chief administrative officer. If I fail to comply with any of the aforementioned laws, regulations, documents, directions or conditions, I understand that my documentation may be suspended.			
APPLICANT SIGNATURE (Guardian):			
Youth Hunter Signature:			
Date:			
OFFICE USE ONLY			
Date of approval:	Year:	Month	Day
Hunting Designation No.:			
Date of Expiration:	Year:	Month	Day
Spousal Card No. (if any):			
Fee Paid (if any):			
Conditions (if any):			
Authorized official issuing documentation (manager, director of lands and resources or chief administrative officer):			
Signature:			