



2020-2021 NON-TRIBAL MEMBER

OVER-THE-COUNTER HUNT APPLICATION FORM

Please carefully select the appropriate hunt(s). Complete the application in its entirety and sign verifying the information is correct. Incomplete or incorrect applications will not be processed. Mail Applications to: Jicarilla Game and Fish Department, P.O. Box 313, Dulce, New Mexico 87528

LAST NAME: \_\_\_\_\_

HUNT TYPE: \_\_\_\_\_

OVER-THE-COUNTER LICENSES

Issued 1st come- 1st Served Beginning MARCH 2, 2020, unless otherwise noted

To purchase an over-the-counter license, submit total license fees plus a \$50 non-refundable application and wildlife stamp fee per applicant

Table with columns: HUNT TYPE, SEASON DATES, # HUNTERS, License Price, TOTAL. Rows include RES-WIDE ARCHERY BULL ELK, SOUTH ARCHERY BULL ELK, SOUTH MUZZLELOADER BULL ELK, GROUP COW ELK, EARLY RIFLE BULL ELK, LATE RIFLE BULL ELK, COW ELK OPTION, SPRING TURKEY, WATERFOWL, VARMINT PERMIT, FALL BEAR, HLM FALL BEAR, and a TOTAL row.

Tribal Guide(s): (If known) \_\_\_\_\_ Guest (if known): \_\_\_\_\_

How did you hear about hunting on the Jicarilla Apache Nation? \_\_\_\_\_

By signing, each applicant certifies that all the information is true and correct to the best of their knowledge, and each applicant agrees and understands the rules and regulations of hunting on the Jicarilla Apache Nation

1. Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_

2. Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_

3. Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_

**4. Applicant Name:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_  
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**5. Applicant Name:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_  
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**6. Applicant Name:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_  
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**7. Applicant Name:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_  
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**8. Applicant Name:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_  
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**9. Applicant Name:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_  
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**10. Applicant Name:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hunter Safety Card # (age 17 and under): \_\_\_\_\_  
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