State/Zip: ____

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 & Fish Dept., P.O. Box 313, Dulce, New Mexico 87528 LAST NAME: HUNT TYPE:____ **OVER-THE-COUNTER LICENSES** Issued 1st come- 1st Served Beginning APRIL 5, 2021, 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 License **HUNT TYPE SEASON DATES** HUNTERS TOTAL Price \$6,000.00 RES-WIDE ARCHERY BULL ELK September 26-30, 2021 September 1-25, 2021 (7 consecutive days) SOUTH ARCHERY Permit Start Date: \$6,000.00 BULL ELK September 1-25, 2021 (7 consecutive days) Permit Start Date: SOUTH MUZZLELOADER BULL ELK \$7,000.00 GROUP COW ELK (circle choice) Dec. 11-13, 2021 Dec. 17-19. 2021 Dec. 27-29. 2021 5 6 7 8 9 10 \$950.00 October 1-5, 2021 October 6-10, 2021 \$8,000.00 EARLY RIFLE BULL ELK (circle choice) November 1-5, 2021 January 1-5, 2022 \$7,000.00 LATE RIFLE BULL ELK (circle choice) COW ELK OPTION Concurrent with Hunt Dates: \$750.00 (for Bull/Buck Hunters only) October 2-November 30, 2021 Daily Permit Start Date(s): WATERFOWL \$20 / \$100 June 1-Sept. 30, 2021 (3 consecutive days) Permit Start Date: \$300.00 VARMINT PERMIT HLM FALL BEAR \$250.00 Option for HLM Elk Hunters Only (\$350 Harvest/Wound Fee) Application and Wildlife Stamp fee \$50.00 x No. of applicants 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 ______ Phone:____ 1. Applicant Name: ___ _____ City: ____ Mailing Address: ______ DOB: ______ Gender: ____ Height: ____ Weight: ____ Hair: ____ Eyes: _____ Date: ____Hunter Safety Card # (age 17 and under): ____ Signature: 2. Applicant Name: _____ Phone: _____ Mailing Address: ____ ______ DOB: ______ Gender: ____ Height: _____ Weight: ____ Hair: ____ Eyes: _____ State/Zip: _____Hunter Safety Card # (age 17 and under): ___ Date: 3. Applicant Name: ____ _____ City: _____ Mailing Address: ____

______ DOB: ______ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

4. Applicant Name:		Phone: City:						
Mailing Address:								
State/Zip:	DOB:		Gender:	Height:	Weight:	Hair:	Eyes:	
Signature:					y Card # (age 17 a	and under):		
5. Applicant Name:		Phone:						
Mailing Address:				Cit	/:			
State/Zip:	DOB:		Gender:	Height:	Weight:	Hair:	Eyes:	
Signature:						ind under):		
6. Applicant Name:					Phone:			
Mailing Address:				Cit	/:			
State/Zip:	DOB:		Gender:	Height:	Weight:	Hair:	Eyes:	
Signature:		Date:	Hunter Safety Card # (age 17 and under):					
7. Applicant Name:	Phone:							
Mailing Address:				Cit	/:			
State/Zip:	DOB:		Gender:	Height:	Weight:	Hair:	Eyes:	
Signature:		Date:Hunter Safety Card # (age 17 and under):						
8. Applicant Name:				ı	Phone:			
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State/Zip:								
Signature:		Date:	Hunter Safety Card # (age 17 and under):					
9. Applicant Name:		Phone:						
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