LAST NAME, First Name:	HUNT TYPE(s):	



## 2023-24 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 & Fish Dept., P.O. Box 313, Dulce, New Mexico 87528

		THE-COUNTER LI		)	
To purchase an over-the-counter licens		us a \$50 non-refundable a	pplication and wildlife sta		ant within 7 business o
HUNT TYPE	SEASON DATES	rving license through JGFE	# HUNTERS	License Price	TOTAL
LATE RIFLE BULL ELK (circle choice)	November 1-5, 2023	January 1-5, 2024	1101112110	\$8,000.00	=
COW ELK OPTION (for Bull/Buck Hunters only)	Concurrent with Hunt Date		\$750.00	=	
SPRING TURKEY *available 3/1/23	APRIL 8-MAY 15, 2023		\$500.00	=	
WATERFOWL	October 7-November 30, 20 Daily Permit Start Date(s):		\$20 / \$100	=	
VADMINT DEDMIT	April 1-Sept. 30, 2023 (3 co		\$300.00	=	
VARMINT PERMIT FALL BEAR RESERVATION	Permit Start Date: August 14- October 31, 202	3 (5 consecutive days)		\$600.00	=
Horse Lake Mesa FALL BEAR	Option for HLM Elk Hunters	•		\$600.00	=
	•				
	Ар	plication and Wildlife	Stamp fee \$50.00 x No	o. of applicants	=
	•				
				TOTAL	\$
MERGENCY CONTACT NAME:			PHONE#		
ibal Guide(s): (If known)			Guest (if known):		
ibal Guide(s): (If known)signing, each applicant certifies th	at the information is true	and correct to the best	Guest (if known):	nd each applicar	nt agrees and unde
ibal Guide(s): (If known)signing, each applicant certifies the rules and regulations of hunting o	at the information is true on the Jicarilla Apache Nat	and correct to the best ion. A copy of Hunter S	Guest (if known):	nd each applicar is required for y	nt agrees and unde routh.
ibal Guide(s): (If known) signing, each applicant certifies the e rules and regulations of hunting of Applicant Name:	nat the information is true on the Jicarilla Apache Nat	and correct to the best ion. A copy of Hunter S	Guest (if known): of their knowledge, au Safety Certificate/Card Group Leader Phone:	nd each applicar is required for y	nt agrees and unde routh.
ibal Guide(s): (If known) signing, each applicant certifies the rules and regulations of hunting Address:	at the information is true on the Jicarilla Apache Nat	and correct to the best ion. A copy of Hunter S	Guest (if known):  of their knowledge, and Gafety Certificate/Card  Group Leader Phone:  City:	nd each applicar is required for y	nt agrees and unde routh.
ibal Guide(s): (If known) signing, each applicant certifies the rules and regulations of hunting hunting Address:	oat the information is true on the Jicarilla Apache Nat	and correct to the bestion. A copy of Hunter S  ———————————————————————————————————	Guest (if known):  c of their knowledge, and Safety Certificate/Card  Group Leader Phone:  City:  Height: Weight	nd each applicar is required for y  nt: Hair: ge 17 and under):	nt agrees and unde routh. Eyes:
ibal Guide(s): (If known)signing, each applicant certifies the rules and regulations of hunting huntin	oat the information is true on the Jicarilla Apache Nat	and correct to the bestion. A copy of Hunter S  ———————————————————————————————————	Guest (if known):  c of their knowledge, and Safety Certificate/Card  Group Leader Phone:  City:  Height: Weight	nd each applicar is required for y  nt: Hair: ge 17 and under):	nt agrees and unde routh. Eyes:
ibal Guide(s): (If known) signing, each applicant certifies the rules and regulations of hunting of hunti	oat the information is true on the Jicarilla Apache Nat	and correct to the bestion. A copy of Hunter S  ———————————————————————————————————	Guest (if known):  c of their knowledge, and Safety Certificate/Card  Group Leader Phone:  City:  Height: Weight	nd each applicar is required for y  nt: Hair: ge 17 and under):	nt agrees and unde routh. Eyes:
signing, each applicant certifies the rules and regulations of hunting of Applicant Name:  alling Address:  nature:  Applicant Name:	nat the information is true on the Jicarilla Apache Nat DOB:	and correct to the best ion. A copy of Hunter S ————————————————————————————————————	Guest (if known):  c of their knowledge, and Safety Certificate/Card  Group Leader Phone:  City:  Height: Weight  Hunter Safety Card # (a	nd each applican is required for y  nt: Hair: ge 17 and under):	ent agrees and unde
ibal Guide(s): (If known) r signing, each applicant certifies the rules and regulations of hunting of hun	nat the information is true on the Jicarilla Apache NatDOB:	and correct to the best tion. A copy of Hunter S	Guest (if known):  c of their knowledge, and Safety Certificate/Card  Group Leader Phone:  City:  Height: Weight  Hunter Safety Card # (a	nd each applican is required for y  nt: Hair:_ ige 17 and under):	nt agrees and underouth.  Eyes:
signing, each applicant certifies the rules and regulations of hunting of hun	nat the information is true on the Jicarilla Apache NatDOB:	and correct to the best cion. A copy of Hunter S Gender:  Date:  Gender:	Guest (if known):  c of their knowledge, and safety Certificate/Card  Group Leader Phone:  City:  Height: Weight  Phone:  City:  Height: Weight  Weight  City:  Height: Weight	nd each applicar is required for y  nt: Hair:_ nt: Hair:_	Eyes:
signing, each applicant certifies the rules and regulations of hunting of Applicant Name:  te/Zip:  Applicant Name:  Applicant Name:  illing Address:  te/Zip:  te/Zip:  te/Zip:	nat the information is true on the Jicarilla Apache Nat DOB:	and correct to the best tion. A copy of Hunter S  Gender:  Date:  Gender:  Gender:	Guest (if known):  cof their knowledge, and Safety Certificate/Card  Group Leader Phone:  Height: Weight Hunter Safety Card # (a	nd each applicanis required for y	ent agrees and underouth.  Eyes:Eyes:
signing, each applicant certifies the rules and regulations of hunting of Applicant Name:  te/Zip:  applicant Name:  applicant Name:  illing Address:  te/Zip:  te/Zip:  te/Zip:  te/Zip:  te/Zip:	pat the information is true on the Jicarilla Apache Nat	and correct to the best ion. A copy of Hunter S Gender:  Date:  Gender:  Gender:  Date:	Guest (if known):  c of their knowledge, and Safety Certificate/Card  Group Leader Phone:  Height: Weight  Phone:  City:  Phone:  Height: Weight  Weight: Weight  City:  Height: Weight	nd each applicar is required for y  nt: Hair: ge 17 and under): nt: Hair:	Eyes:
signing, each applicant certifies the rules and regulations of hunting of hun	pat the information is true on the Jicarilla Apache Nat  DOB: DOB:	and correct to the best tion. A copy of Hunter S Gender:  Date:  Gender:  Date:	Guest (if known):  c of their knowledge, and Safety Certificate/Card  Group Leader Phone:  Height: Weight Weight Phone:  City:  Phone:  Hunter Safety Card # (a	nd each applican is required for y	Eyes:
signing, each applicant certifies the rules and regulations of hunting of hun	pat the information is true on the Jicarilla Apache Nat	and correct to the best ion. A copy of Hunter S Gender:  Date:  Gender:  Gender:  Date:	Guest (if known):  cof their knowledge, and Safety Certificate/Card  Group Leader Phone:  Height: Weight  Phone:  City:  Height: Weight  Phone:  Thunter Safety Card # (a	nd each applicar is required for y  nt: Hair: ge 17 and under): nt: Hair: ge 17 and under):	Eyes:

Annlicant Name					Phone:			
		Phone: City:						
State/Zip:								
Signature:					y Card # (age 17 a			
					, (3	,		
5. Applicant Name:					Phone:		_	
	Phone: City:							
itate/Zip:	DOB:		Gender:	Height:	Weight:	Hair:	Eyes:	
ignature:					y Card # (age 17 a	and under):		
		•••••						
i. Applicant Name:					Phone:			
Mailing Address:				Cit	y:			
tate/Zip:	DOB:		Gender:	Height:	Weight:	Hair:	Eyes:	
ignature:								
							•••••	
'. Applicant Name:					Phone:		_	
Nailing Address:				Cit	y:			
tate/Zip:	DOB:		Gender:	Height:	Weight:	Hair:	Eyes: _	
ignature:		Date:		Hunter Safet	y Card # (age 17 a	and under):		
		•••••					•••••	
3. Applicant Name:					Phone:		_	
Mailing Address:			City:					
tate/Zip:	DOB:		Gender:	Height:	Weight:	Hair:	Eyes: _	
signature:		Date:		Hunter Safet	y Card # (age 17 a	and under):		
	Phone:							
Mailing Address:								
tate/Zip:								
ignature:								
LO. Applicant Name:					Phone:			
Mailing Address:								
State/Zip:								
Signature:								

......OTC page 2 of 2

HUNT TYPE(s):\_\_\_\_\_

LAST NAME, First Name:\_\_\_\_\_