

ing application rules

Tag Return Deadlines

In accordance with the Natural Resources Fish and Wildlife ordinance, all tag reports (Kill or No kill, and lost tags) are required **TO BE REPORTED** within **10 days of the last day of hunt**. In an attempt to help all hunters achieve this, the Natural Resources Department will allow reporting of activities the following ways; Telephone at 503-879-2424, e-mail at NRD@grandronde.org; mail at P.O. BOX 10, Grand Ronde, OR 97347, and in person to the Natural Resources Department, 47010 S.W. Hebo Road, Grand Ronde, OR 97347 where a secured drop box is available 24 hours a day, 7 days a week. As a reminder, cards not returned within the established deadlines are subject to suspension.

BOW ELK - BULL ONLY AUG. 30 - SEPT. 28, 2014 NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ ROLL #: _____ PHONE: (_____) _____ EMAIL: _____ <small>As the person who is obtaining this Tribal Hunting tag, I declare under the penalty of perjury that to the best of my knowledge the information provided in obtaining this tag is true ad correct, and that I am qualified under all applicable laws and statutes to possess this tag and carry a weapon for the potential harvest of a game animal. By checking this box I acknowledge I have read the foregoing statement and agree with its terms. I have read and understand the rules and regulations of the State of Oregon, the Confederated Tribes of Grand Ronde, and the federal government. <input type="checkbox"/></small>	C/D DOE PERMITS OCT. 25 - NOV. 7, 2014 NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ ROLL #: _____ PHONE: (_____) _____ EMAIL: _____ <small>As the person who is obtaining this Tribal Hunting tag, I declare under the penalty of perjury that to the best of my knowledge the information provided in obtaining this tag is true ad correct, and that I am qualified under all applicable laws and statutes to possess this tag and carry a weapon for the potential harvest of a game animal. By checking this box I acknowledge I have read the foregoing statement and agree with its terms. I have read and understand the rules and regulations of the State of Oregon, the Confederated Tribes of Grand Ronde, and the federal government. <input type="checkbox"/></small>
YOUTH C/D DEER OCT. 04 - NOV. 9, 2014 NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ ROLL #: _____ PHONE: (_____) _____ EMAIL: _____ <small>As the person who is obtaining this Tribal Hunting tag, I declare under the penalty of perjury that to the best of my knowledge the information provided in obtaining this tag is true ad correct, and that I am qualified under all applicable laws and statutes to possess this tag and carry a weapon for the potential harvest of a game animal. By checking this box I acknowledge I have read the foregoing statement and agree with its terms. I have read and understand the rules and regulations of the State of Oregon, the Confederated Tribes of Grand Ronde, and the federal government. <input type="checkbox"/></small>	YOUTH Antlerless ELK AUG. 1 - DEC. 31, 2014 NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ ROLL #: _____ PHONE: (_____) _____ EMAIL: _____ <small>As the person who is obtaining this Tribal Hunting tag, I declare under the penalty of perjury that to the best of my knowledge the information provided in obtaining this tag is true ad correct, and that I am qualified under all applicable laws and statutes to possess this tag and carry a weapon for the potential harvest of a game animal. By checking this box I acknowledge I have read the foregoing statement and agree with its terms. I have read and understand the rules and regulations of the State of Oregon, the Confederated Tribes of Grand Ronde, and the federal government. <input type="checkbox"/></small>
Muzzleloader Deer NOV. 8 - NOV. 21, 2014 NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ ROLL #: _____ PHONE: (_____) _____ EMAIL: _____ <small>As the person who is obtaining this Tribal Hunting tag, I declare under the penalty of perjury that to the best of my knowledge the information provided in obtaining this tag is true ad correct, and that I am qualified under all applicable laws and statutes to possess this tag and carry a weapon for the potential harvest of a game animal. By checking this box I acknowledge I have read the foregoing statement and agree with its terms. I have read and understand the rules and regulations of the State of Oregon, the Confederated Tribes of Grand Ronde, and the federal government. <input type="checkbox"/></small>	Bow Deer AUG. 30 - SEP. 28, 2014 NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ ROLL #: _____ PHONE: (_____) _____ EMAIL: _____ <small>As the person who is obtaining this Tribal Hunting tag, I declare under the penalty of perjury that to the best of my knowledge the information provided in obtaining this tag is true ad correct, and that I am qualified under all applicable laws and statutes to possess this tag and carry a weapon for the potential harvest of a game animal. By checking this box I acknowledge I have read the foregoing statement and agree with its terms. I have read and understand the rules and regulations of the State of Oregon, the Confederated Tribes of Grand Ronde, and the federal government. <input type="checkbox"/></small>