# KWADACHA NATION

**LANDS AND RESOURCES DEPARTMENT**

PO Box 79 Fort Ware, BC V0J 3B0

Phone: (250) 471-2302 Fax: (250) 250-471-2701

kfnref@gmail.com

**Harvest Survey**

Submit this application by fax, mail, email, or in person.

|  |  |
| --- | --- |
| Full Name:  |  |
| Address:  |  |
| Phone: Home:  | Mobile:  |

Species: (If multiple species please fill out additional surveys)

All non-Kaska First Nation and licensed hunters are requested to complete this survey for the stewardship of wildlife in the Kaska Traditional Territory. In addition, this information will assist in managing the populations, reducing land use conflicts during periods of high cultural and traditional uses.

Sex: Number Harvested: Number of days hunted:

Location (indicate the location in the Kaska Traditional Territory):

Number harvested by hunting camp:

Number of days hunted by camp:

Hunting Party Size:

Transportation used (e.g. truck, ATV, boat, canoe/ Please specify all used): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Report wildlife violations*** *to the 24 hour Conservation Officer Hotline – 1-877-952-7277 (*[*http://www.env.gov.bc.ca/cos/rapp/form.htm*](http://www.env.gov.bc.ca/cos/rapp/form.htm)*) and/or KFN Land and Resource Officer.*

***Please keep in mind that community will take meat that is not used; including hides.*** *To provide meat from hunts, please call the Kwadacha Nation (250) 250-471-2302.*

Signature: Date:

 Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

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| **Donny Van Somer, Chief** |  | **Date** |