



P.O. Box 296
 Kotzebue, AK 99752
 ph (907) 442-3467
 fx (907) 442-2162
 www.kotzebueira.org

Official Use Only - Date Received: _____ Received by: _____

Last Name: _____ First Name: _____ M.I. _____

Address (P.O Box): _____, Kotzebue, Alaska 99752

Telephone Numbers:

Home: _____ Cell: _____ Work: _____
 (Home) (Work) (Cell)

Kotzebue Resident? Yes _____ No _____

Do you own the Boat/Snow-machine? Yes _____ No _____

Valid Alaska Driver's License? Yes _____ No _____ AKDL # _____ EXP _____

Alaska Boat Registration? Yes _____ No _____ Snow machine Registration? Yes _____ No _____

AK Number _____ EXP _____ Decal # _____

Disclosure: Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain on back of sheet: **OPTIONAL** [A positive response is not an automatic bar for Hunter disqualification in the organization. The offense for which the person was convicted in relation to the program to which they have applied to purchasing ammo will be considered.]

List all elders' you intend to hunt for.	
Name	NVOK MEMBER(Yes/No)

How many person(s) live in your home? Adults: _____ Children: _____

Tribe to which you are enrolled? _____

Applicants who meet the eligibility requirements are limited to one (1) drum of gas per season and per household for the spring, summer, fall and hunting seasons, and one (15) gallons of gas for the winter hunting season, depending on program funding availability and compliance. Elders Traditional Food Hunter Support Program Reports must be signed and verified by an elder who received a share of the hunt and a staff member of the Native Village of Kotzebue.

Signature of Applicant: _____ Date: _____