



ROSEBUD SIOUX TRIBE GAME, FISH AND PARKS

2008 Non-Member Fall Turkey Application

SEASON DATES: October 11th through December 25th, 2008

REMINDERS:

- *As of 01/01/01, big game hunters are required to hire a tribal member guide.
- ***Enclose a separate cashiers check or money order for each tag you apply for.**
- *Make the check payable to RST Game, Fish & Parks
- ***NO PERSONAL CHECKS OR CASH.**
- *Hunters are required to obey RST GFP big game regulations.
- *RST GFP will not be responsible for lost or stolen licenses. **NO REFUNDS.**
- *RST GFP reserves the right to refuse any applications.

NON-RESIDENT		RESIDENT		AFFILIATED TRIBAL MEMBER	
Turkey Tag	\$75	Turkey Tag	\$35	Turkey Tag	\$15
General License	\$2	General License	\$1	General License	\$1
Habitat Stamp	\$5	Habitat Stamp	\$5	Habitat Stamp	\$5
TOTAL:	\$82	TOTAL:	\$41	TOTAL:	\$21

Mail in the application with the entire fee.

If you have a 2008 General Hunting License, please write it below. If you do not have a 2008 General Hunting License we will issue you a new one. If you already have a 2008 General Hunting License you DO NOT pay for it again.

Mail to: RST Game, Fish and Parks, PO Box 300, Rosebud, SD 57570

If you have questions, please call: 605-747-2289

Detach and return the lower part only. Keep the upper part for your records.

Licenses will be mailed September 14th, 2008

2007 NM FALL TURKEY APPLICATION- Application Fee

SS# or DL#		HUNTER SAFTY CARD #	
NAME (FIRST, LAST, INI.)		BIRTHDAY / /19	
ADDRESS:		Circle: Non-Resident Resident ATM	
CITY:		STATE:	ZIP:
TELEPHONE:	EMAIL:		GENDER:
HEIGHT:	WEIGHT:	EYES:	HAIR:
Money or Cashiers Check #		2008 RST GENERAL LICENSE #:	

Mail in the application with Cashiers Check or Money order Only!



ROSEBUD SIOUX TRIBE GAME, FISH AND PARKS



Questionnaire

(This questionnaire is a prerequisite to issuing an RST hunting license)

Name: _____

Address: _____

DRIVERS LICENSE #: _____ STATE: _____

EXPIRATION DATE: _____ *REQUIRED MM/DD/YYYY*

TRIBAL ENROLLMENT# _____

- a. Have you ever been convicted in any court of a felony? **Yes/No**
- b. Have you been convicted in any court of a misdemeanor crime of domestic/family violence in a state or federal court? **Yes/No**
- c. Are you now the subject of a restraining or protective order issued by a court, after notice and an opportunity to be heard has been provided to you, in a case involving the use, attempted use or threatened use of physical force against another person? **Yes/No**
- d. Have you ever been confined in a hospital for a mental illness within the past twelve (12) months by order of a court? **Yes/No**
- e. Have you been discharged from custody within the past twenty (20) years after having been found not guilty of a crime by reason of mental disease or defect? **Yes/No**

Information provided on this application is subject to verification from sources including probate, civil, and criminal courts governmental agencies pursuant to State and Federal Law, and 18 (The Brady Act), as may be amended.

I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.

_____ *SIGNATURE APPLICANT* _____ *DATE*