|  |  |
| --- | --- |
| Aroostook Band of Micmacs  7 Northern Road  Presque Isle, ME 04769  207-764-1972 | APPLICATION  ELVER FISHING LICENSE |

# Band Card No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## APPLICANT INFOMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | **Last** | **First** | **M.I.** |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | **Street Address** | **Apartment/Unit #** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **City** | **State** | **ZIP Code** |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Maine Driver’s License No: \_\_ |  | Social Security No.: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you a Tribal Member of the Aroostook Band of Micmac? | YES | NO | If no, you are not eligible for a Elver License with the Aroostook Band of Micmacs. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you had a Elver License from the Aroostook Band of Micmacs? | YES | NO | If yes, when? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Did you submit all required reports on time to Department of Marine Resources and to Aroostook Band of Micmacs? | YES | NO | Please provide prior experience for Elver Fishing. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## PERSONAL INFORMATION

|  |  |  |
| --- | --- | --- |
| Gender: |  | Hair Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eye Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Height: |  | Weight: |  |  |  |  | Date of Birth: |  |

## LICENSING SIGNATURE/ INFORMATIION

ALL APPLICANTS MUST FOLLOW ALL STATE LAWS. THE AROOSTOOK BAND OF MICMACS WILL NOT TAKE ANY RESPONSIBILITY IF APPLICANT DOESN’T FOLLOW ALL LAWS AND REGULATION SET FORTH BY THE STATE OF MAINE.

|  |  |  |
| --- | --- | --- |
| Applicants Signature: |  | Applicant Printed Name: |
| Officials Signature: |  | Printed Name of Official: |  |
|  |  | | |
|  |  |
| License Type: |  | License No: |  |
| Tag No: |  | Date Issued: |  |
| Date Expires: |  | | |
|  |  |  |  |



Aroostook Band of Micmacs  
 7 Northern Road  
 Presque Isle, ME 04769  
 207-764-1972

Consent Form

To whom it may concern:   
  
I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give the Tribal Clerk at the Aroostook Band of Micmacs permission to receive copies of my reports and landing that I submit to the Department of Marine Resources—as often necessary. If you have any questions, please contact me at ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  
  
  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Applicant’s Signature Date  
  
  
  
  
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Jennifer Kiandoli, Tribal Clerk Date