

Confederated Tribes of Grand Ronde TRIBAL HUNTING TAG TRANSFER AUTHORIZATION

TAG #: _____ TAG #: _____

DATE: _____

TAG HOLDER: _____ ROLL #: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE NUMBER: (_____)

EMAIL: _____

TAG USER: _____ ROLL #: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE NUMBER: (_____)

EMAIL: _____

I give my permission for _____ to hunt my Tribal issued tag. I understand that I am responsible for reporting the status of all tags and agree to the penalties set forth by the Fish & Wildlife Ordinance.

TAG HOLDER SIGNATURE: _____ DATE: _____

PLEASE KEEP THIS FORM WITH TAG AT ALL TIMES.