

Grand Traverse Band of Ottawa & Chippewa Indians  
2605 N.W. Bayshore Drive  
Peshawbestown, Michigan 49682  
P 231.534.7500

### Certification of Participation

From: (Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

Application for a permit to receive item (s) from the Tribal Repository.

I hereby certify that \_\_\_\_\_ requires \_\_\_\_\_

\_\_\_\_\_ for spiritual purposes.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title



# Grand Traverse Band of Ottawa and Chippewa Indians

## Repository Application and Receipt

Natural Resource Department

2605 N W Bay Shore Drive

Peshawbestown, MI 49682

P.231.534.7500

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
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HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SOCIAL SECURITY NUMBER
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ADDRESS	HOME PHONE NO.	WORK PHONE NO.
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DESCRIPTION OF REQUESTED MATERIAL					
ITEM		SPECIES		SPECIES CONT.	
( )	WHOLE	( )	GOLDEN	( )	BEAR
( )	WING(S)	( )	BALD	( )	BOBCAT
( )	TALONS	( )	HAWK	( )	FOX
( )	FEATHERS	( )	OWL	( )	COYOTE
( )	TAIL	( )	HERON	( )	OTTER
( )	BONES	( )	LOON	( )	BEAVER
		( )	CRANE	( )	MINK
				( )	OTHER
	AGE				
( )	ADULT				
( )	IMMATURE				

You may have only one request and one item per request pending at any one time.

SIGNATURE OF APPLICANT	ENROLLMENT NUMBER	DATE
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OFFICE USE ONLY		
Date application received		
Month	Day	Year
Initials		

