

First Nation of Na-Cho Nyäk Dun

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**Application for Forest Resources Harvesting within the
Traditional Territory of the First Nation of Na – Cho Nyäk Dun**

First Name _____ Last Name _____

Mailing Address _____ City/Town _____

Province/Territory _____ Postal Code _____

Phone _____ Email _____

First Nation _____

I want to Harvest: Berries Mushrooms Traditional plants and medicines

Timber Other: Specify _____

Settlement Land Parcel _____ (please provide map detailing area on Settlement Land where activity is to take place)

I certify that the above information is correct.

Signature _____ Date _____

Office Use Only:	<input type="radio"/> Approved	<input type="radio"/> Application incomplete	<input type="radio"/> Application Denied
Conditions :	_____		

Start Date:	_____	Expiry:	_____
Signed Manager Lands & Resources:	_____		Date: _____