

Little Traverse Bay Bands of Odawa Indians Natural Resources Department 7500 Odawa Circle Harbor Springs, MI 49740 Phone: (231)242-1670

Fax: (231)242-1690



2024 LTBB Natural Resources Commission Commercial Fishermen Safety Equipment Program Application

Applicant Name	Last		First	Middle	
Street Address					
City, State ZIP	Street				
ony, State ZII	City		State	Zip	
LTBB Enrollment #		Phone			
Phone Work			Cell		_
DOB		_ Licen	ase #		
Vessel Name:		CORA#			
Boat Type:		Size (feet)			
Statement of need (i.	e. – replacement, out	tdated, etc.):			
Vendor Name	Address		Description		Price
Use additional paper	to complete with all	of the information	ı as above.		
By signing below, I	I certify that the ab	oove information t Program and the	is true and that I have applicant acknowledges		
Applicant Signature			Date		