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

2026 LTBB Natural Resources Commission
Commercial Fishermen Safety Equipment Program Application

Applicant Name _____
Last First Middle

Street Address _____
Street

City, State ZIP _____
City State Zip

LTBB Enrollment # _____ Phone _____

Phone Work _____ Cell_____

DOB _____ License # _____

Vessel Name: _____ CORA # _____

Boat Type: _____ Size (feet) _____

Statement of need (i.e. – replacement, outdated, etc.):

_____
_____
_____
_____
_____
_____

Vendor Name	Address	Description	Price
Use additional paper to complete with all of the information as above.			

By signing below, I certify that the above information is true and that I have received a copy of the LTBB Commercial Fishermen Safety Equipment Program and the applicant acknowledges that all the information provided on this application is accurate and truthful.

_____ _____
Applicant Signature Date