



the
**Chickasaw
Nation**

Department of Commerce / Protective Services Division
General Rangers

Bill Anoatubby
Governor

Special Tribal Land Hunting Permit Request

Applicant information:

Name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Same as mailing

Birth date: _____ Phone: (____) _____

Chickasaw citizen: Yes No (please attach a copy of card)

Vehicle description: _____
Make Model Color Tag number

Emergency contact: _____ (____) _____
Name Phone number

Please check all that apply:

Type of permit: Adult Youth

Type of game: Fall deer Spring turkey

Which season do you wish to hunt? Archery Muzzle loader Rifle

For office use only:

Received by: _____ Date _____
Name Date

Approved Permit number: _____ Denied

Notified applicant? Yes No