

### Conservation

#### PART A: PARTICULARS OF APPLICANT (print clearly):

NAME OF APPLICANT:		ADDRESS:	
CITY OR TOWN:	PROVINCE	POSTAL CODE:	
TELEPHONE NUMBER(S): (residence)		E-MAIL: (business)	
DATE OF BIRTH	FIRST NATION	STATUS NUMBER	

#### PART B: PROVIDE DETAIL ABOUT WHAT IT IS YOU ARE REQUESTING

#### PART C: INTENDED USE (CHECK ONE)

TRADITIONAL OR HEALING CEREMONY    
  EAGLE STAFF    
  HEADDRESS    
  ACHIEVEMENT AWARD(S)    
  POW WOW

OTHER (specify): \_\_\_\_\_

GIVE A DESCRIPTION ON HOW THE FEATHERS AND/OR BODY PARTS WILL BE USED:

#### PART D: OTHER USERS

DO YOU PLAN TO SHARE ANY OF THE FEATHERS OR BODY PARTS WITH ANYONE ELSE?      YES      NO

IF YES, PLEASE EXPLAIN AND LIST OTHER RECIPIENTS:

#### PART E:

This information is being collected under the authority of *The Wildlife Act* of Manitoba. It will be used to assess your request. Some of the information you have provided may be shared with Elders in order to assist with this assessment. Your information is protected by the Protection of Privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, contact: Access and Privacy Co-ordinator, 200 Saulteaux Crescent, Winnipeg, Manitoba, R3J 3W3 (phone 945-4170)

APPLICANT'S NAME (print):	DATE:
APPLICANT'S SIGNATURE:	

Send completed application to: **NATURAL RESOURCE OFFICER, MANITOBA CONSERVATION** (applicant's nearest office);

OR

**DIRECTOR, WILDLIFE AND ECOSYSTEM PROTECTION BRANCH  
BOX 24-200 SAULTEAUX CRESCENT, WINNIPEG MB R3J 3W3**