



Attention Region 1 Bear Hunters

Effective Spring 2022, hunters who successfully harvest a black bear in Region 1 (northwest Montana):

- Are **NOT REQUIRED** to have a harvested bear (hide and skull) inspected and tagged by FWP staff
- Are **REQUIRED** to call in the harvest to the FWP reporting line within 48 hours
 - 1-877-FWP-WILD or 1-877-397-9453
- Are **REQUIRED** to submit a premolar tooth to FWP within 10 days of harvest (see back page)

Why the change from mandatory carcass inspection?

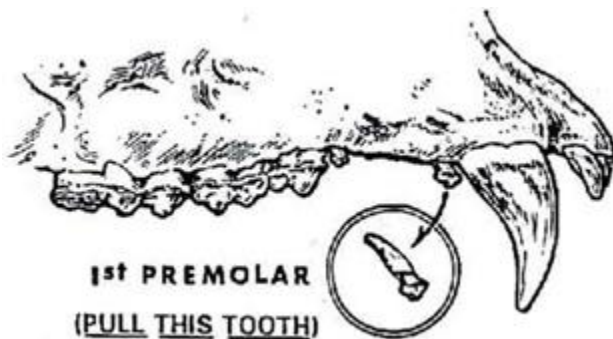
- Region 1 is conducting a pilot effort to evaluate the effectiveness of mandatory reporting and tooth submission in Montana, following the lead of other states that have used this method.
- FWP is working to improve how it monitors black bear populations.
- Directs staff time to improving black bear population monitoring.

Help us monitor and manage bear populations by submitting a premolar tooth

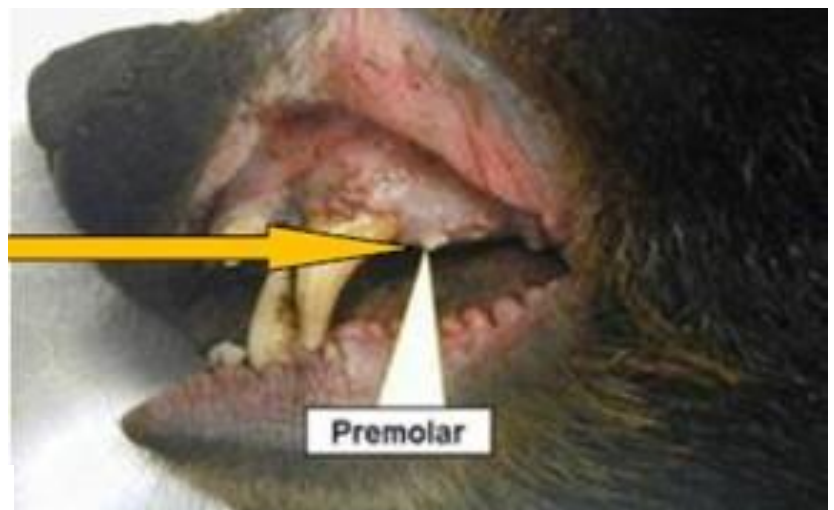
- The age of the harvested bear is obtained from the tooth.
- Biologists can use age data to improve black bear population modeling and inform monitoring efforts.
- Reporting your harvest and submission of a tooth are both **mandatory**.
- The age of your bear will be posted to your MyFWP account.

How to pull a premolar tooth

To view an instructional video on pulling a premolar tooth, visit <https://bit.ly/3p8yDpU>



VIDEO & IMAGES COURTESY N.C. WILDLIFE RESOURCES COMMISSION



Region 1 (NW Montana) Black Bear Reporting Requirements

How to submit a premolar tooth from a black bear harvested in Region 1:

1. Call in your harvest to the FWP reporting line:
 - o 1-877-FWP-WILD or 1-877-397-9453
2. Collect a premolar tooth.
3. Fill out the datasheet below.
4. Please place completed form and tooth (taped to this form) in a padded envelope and mail to:
 - o FWP Region 1 Headquarters, 490 N. Meridian Rd., Kalispell, MT 59901
 - o Or drop off at FWP offices in Kalispell, Thompson Falls or Libby
 - o Questions? Call (406) 752-5501
5. Tooth must be postmarked within 10 days of harvest

Region 1 Black Bear Tooth Submission Form

Hunter Name: _____ Birthdate and ALS#: _____

Number Provided by FWP Reporting Center (Should start with BB): _____

Sex of Harvested Bear (Circle one): Male / Female Harvest Date: _____

Black Bear BMU: _____ Elk/Deer Hunt District: _____

General Location (Stream, Peak, Drainage etc.): _____

Specific Location: Township _____ Range _____ Section _____

Latitude (optional): _____ Longitude (optional): _____

Did you use an outfitter (Circle one)? Yes No

Weapon (circle one): Archery Rifle