



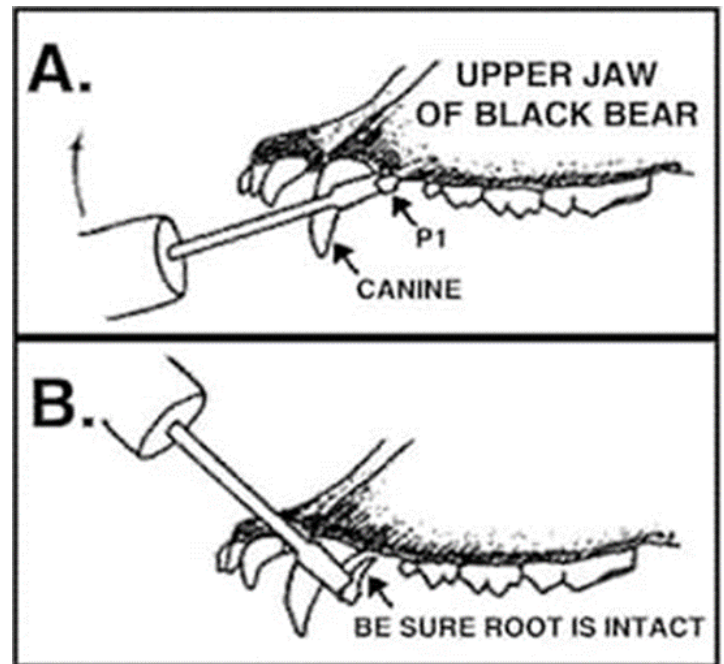
ATTENTION BLACK BEAR HUNTERS

Fall 2020

This fall season, we are asking successful black bear hunters to voluntarily submit a bear tooth of harvested bears to FWP. The tooth will be sent to a laboratory where the age of the bear will be determined. FWP biologists use this age information, along with the sex of the bear, to manage bear populations in Montana.

How to submit a tooth:

1. Remove the **first upper premolar** located behind the canine tooth on the upper jaw (see right, P1).
2. With the skull unfrozen and well-thawed, cut the gum tissue on either side of the premolar with a knife.
3. Insert the knife or a screwdriver under the front edge of the tooth, and
4. Carefully pry the premolar out of the socket using the large canine tooth for leverage.
5. We need the root to estimate the age of your bear. If you broke the root, try to remove the other upper premolar or one of the lower premolars. Do not use the knife to scrape gum tissue off the tooth. This can damage the "rings" that are counted to age the tooth.
6. Place the **clean and dry** tooth in a plastic bag, and
7. Fill out the printable **datasheet** found below.
8. Put both the tooth and the **completed** datasheet in an envelope and send it to the regional office in the region that the bear was harvested.
9. You may also bring the tooth and datasheet to the regional office instead of mailing it.
10. Hunters who provide a usable tooth will be able to get the age of their bear at a later date.



Reminder: All successful black bear hunters are required to report their harvest through the FWP Harvest Reporting Line 1-877-FWP-WILD (1-877-397-9453) within 48 hours of harvest. Unlike in years past, FWP will not require a mandatory carcass inspection, hide seal or tooth collection.



MONTANA FISH, WILDLIFE & PARKS

Black Bear Tooth Submission Form

Please place the extracted premolar in a plastic bag and staple it to the upper right-hand corner of this sheet. Please complete and mail this sheet with the tooth to the FWP regional office of the region where the bear was harvested or deliver to the regional office.

Hunter Information

Hunter Name: _____ ALS#: _____

Address: _____ Phone Number: _____

Harvest Information

Date of Harvest: ____/____/____ Time of Harvest: _____

Bear ID # (received from the mandatory FWP Harvest Reporting Line): _____

Harvest Location (GPS Coordinates): _____ (latitude) / _____ (longitude)

Township: _____ Range: _____ Section: _____

Region of Harvest: _____ County: _____

Bear Management Unit (BMU): _____ Deer/Elk Hunting District (HD): _____

Bear Information

Sex of harvested bear: _____ Color of bear: _____

Mailing Addresses: Please address mail to "Black bear tooth submission" and ship to the region of harvest:

FWP Region 1 Headquarters

490 N. Meridian Road
Kalispell, MT 59901

FWP Region 2 Headquarters

3201 Spurgin Road
Missoula, MT 59804

FWP Region 3 Headquarters

1400 South 19th
Bozeman, MT 59718

FWP Region 4 Headquarters

4600 Giant Springs Road
Great Falls, MT 59405

FWP Region 5 Headquarters

2300 Lake Elmo Drive
Billings, MT 59105

FWP Region 6 Headquarters

1 Airport Road
Glasgow, MT 59230

FWP Region 7 Headquarters

352 I-94 Business Loop
Miles City, MT 59301