APPROVAL OF TRANSFER OF ANGLER DAY QUOTA

I/We request approval of the transfer of the following angler day quota (please attach any relevant documentation of the transaction)

Address: Transfer To Name: Address: Requester's signature (Print requester's name)	Number of Angler Days	Classified Water Name	
Name: Address: Transfer To Name: Address: Requester's signature (Print requester's name) I approve of the transfer. (Signature, Regional Manager) (Date signed)			
Name: Address: Transfer To Name: Address: Requester's signature (Print requester's name) I approve of the transfer. (Signature, Regional Manager) (Date signed)			
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(Print requester's name) I approve of the transfer. (Signature, Regional Manager) (Date signed)			
I approve of the transfer. (Signature, Regional Manager) (Date signed)	Requester's signature		
I approve of the transfer. (Signature, Regional Manager) (Date signed)			
I approve of the transfer. (Signature, Regional Manager) (Date signed)	(Print requester's name)		
(Signature, Regional Manager) (Date signed)	(11mt requester 5 name)		
(Signature, Regional Manager) (Date signed)			
	I approve of the transfer.		
	(Signatura Ragions	l Manager)	(Data signad)
(Regional Manager, Print Name)	(Digitature, Regiona	ii iviuiiagei)	(Date signed)
(Regional Manager, Print Name)			
	(Regional Manager	, Print Name)	

If approved, copies to:

(1) Permit Authorization Service Bureau

B.C. Ministry of Environment 4th Floor, 2975 Jutland Road PO Box 9372 STN PROV GOVT Victoria, B.C. V8W 9M3 FAX: 250-387-0922