

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)

Number of Angler Days

Classified Water Name

Transfer From

Name:

Address:

Transfer To

Name:

Address:

Requester's signature

(Print requester's name)

I approve of the transfer.

(Signature, Regional Manager)

(Date signed)

(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

(2) Environmental Stewardship Division
B.C. Ministry of Environment
205 Industrial Road G
Cranbrook, B.C.
V1C 7G5
FAX: 250-489-8506