



Ministry of Environment

Wildlife Act of British Columbia

FW-04

ASSISTANT ANGLING GUIDE LICENCE APPLICATION

This application is for use by individuals applying to obtain or renew an assistant angling guide licence for British Columbia.

Please complete all sections of this form. Type or print legibly. Attach additional sheets as needed.

APPLICANT:

Legal Last Name: _____ Legal First Name: _____ Initial: _____
 Street or PO Box: _____
 City or Town: _____ Postal Code: _____ E-mail: _____
 Phone (day): _____ Date of Birth (MM/DD/YYYY): _____
 Angling Guide's Name: _____ Region: _____

FEES:

Payment: \$ 150.00 Assistant Angling Guide Licence

Total Enclosed: \$ _____

Method of Payment: Cheque/Money Order Payable to Minister of Finance
 Credit Card (Visa/Mastercard) (attach credit card authorization sheet)
 Cash/Debit at Service BC – Government Agent Only
 at FrontCounter BC office

The information required by this form and any documents you provide with it are collected under the authority of the *Freedom of Information and Protection of Privacy Act* to process your license/permit application under the *Wildlife Act*. This information will be used to verify your eligibility for the license/permit you are seeking and for other purposes related to the administration of the *Wildlife Act*. If you have any questions about the collection or use of this information, contact the Director, Environmental Stewardship Division.

ACKNOWLEDGEMENT:

For completion by angling guide (not assistant guide):

By signing this application, I confirm that the above named applicant has authorized me to do so on his/her behalf, and that the applicant is a Canadian citizen or a permanent resident of Canada (landed immigrant) and is 19 years of age or older (or has attached an exemption under Section 100 of the *Wildlife Act*).

Signature of Angling Guide **Licence #** **Date of Application**

It is an offence to knowingly make a false statement in order to obtain a permit/licence. Violations may result in prosecution under the *Wildlife Act* and/or refusal of future permit or licence requests. Any permit/licence obtained using false information is invalid.

PLEASE FORWARD MY LICENCE TO:

Address: (as above): or
 Mail to: _____
 or Fax: _____ or E-mail: _____
 (your e-mail address or location of Government Agent/FrontCounter BC office to be picked up at)

Incomplete applications may delay processing time for a licence. Resubmitted applications are processed in resubmitted date order.

Please send completed application, fees and any supporting documents to the **Permit and Authorization Service Bureau** at one of the following:

- By Mail:** PO Box 9372 STN PROV GOVT, Victoria BC, V8W 9M3
- By Courier:** 4th, Victoria BC, V8W 9M3
- By Fax:** (250) 387-1814 or through any Service BC - Government Agent Office
or through any FrontCounter BC Office