



TRAPPING LICENCE APPLICATION

Licence expires on June 30th (annually)

This application is for use by individuals applying to obtain a Trapping 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): _____

Citizenship: _____ Date of Birth (MM/DD/YYYY): _____

Trapper Education Program Certificate #: _____ (attach copy of certificate) *not required for renewals

Trapper Education not taken in B.C. indicate where: _____ Year: _____

DOCUMENTATION:

NEW **RENEWAL** 1-year licence 5-year licence

Trapline Owner **ASSIGNED TRAPLINE # TR:** _____

Assistant Trapper **ASSIST ON TRAPLINE(S) #TR:** _____
(I have obtained written permission from the registered trapline owner(s) and I will carry it on my person)

Private Property **MANAGEMENT UNIT(S):** _____
(I have obtained written permission from the private property owner(s) and I will carry it on my person)

FEES:

Trapping Licence: \$ 40.00 for 1-year licence or \$200.00 for 5-year licence

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 of Wildlife.

ACKNOWLEDGEMENT:

By signing below, I confirm that the information I have provided is true and correct to the best of my knowledge. I understand that the information I provide will be available to resource development companies and consent to its disclosure to them for the purpose of consulting with me regarding effects their activities may have on my conduct of activities authorized under that licence.

Signature of Applicant

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.

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



Ministry of
Forests, Lands and
Natural Resource Operations

Wildlife Act of British Columbia

FW-05

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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)

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 Floor, 2975 Jutland Road, Victoria BC V8W 9M3

By Fax: (250) 387-1814 or through any Service BC Office or FrontCounter BC Office

For further information: <http://www.env.gov.bc.ca/pasb/>

Phone: 1-866-433-7272 (within BC) or 1-250-387-2928 (outside of BC)

12-13-2010