



APPLICATION FOR A YUKON TRAPPING CONCESSION

Only valid if attached to **Form A – Declaration and Application for Yukon Trapping Concession and/or Licence**. In the case of a transfer, the current concession holder must complete the appropriate **Relinquishment Affidavit**. If registration is for a partnership, each partner must fill out forms A and B.

Current status of trapping concession area	
<input type="checkbox"/>	Unregistered
<input type="checkbox"/>	Registered - transfer

SECTION A: APPLICANT INFORMATION

Name	Name _____			Birthdate	YEAR	MONTH	DAY
Date of birth	LAST	FIRST	MIDDLE INT.				
HEREINAFTER called the "applicant":							
Area #	The applicant, in accordance with Section 61 of the <i>Wildlife Act</i> , hereby makes application for the issuance of a registration for trapping concession area # _____						
Area #	<input type="checkbox"/> I have previously held a Yukon Trapping Concession (area # _____) in good standing <input type="checkbox"/> I am enrolled under one of the Yukon First Nation Final Agreements <input type="checkbox"/> I am an Aboriginal person who is a beneficiary of a transboundary agreement as defined in the Umbrella Final Agreement.						
First Nation name	First Nation _____						

SECTION B: APPLICATION INFORMATION

Provide as much detail as possible in this section. Use additional pages if required. Only information contained in your application will be considered.

(e.g., number of years trapping, locations, species targeted, participation in workshops, etc.)	Provide a detailed description of your trapping experience and knowledge.
(e.g., traps, transportation, skinning equipment, etc.)	Provide a detailed description of trapping equipment that you own or have access to.
(i.e., what are your plans for developing and working this trapline?)	Provide a detailed description of your intentions for this trapping concession.
(e.g., family history in the area, familiarity with the area and conditions, etc.)	Provide any other information related to this application.

SECTION C: DECLARATION

Sign below to legally declare that the information provided above is complete and correct.

By signing here, the applicant declares that all information provided in sections A and B is complete and correct.	
Signature of applicant _____	_____ YYYY/MM/DD
	Date

Your personal information is being collected under the authority of section 29(c) of the *Access to Information and Protection of Privacy Act* and will be used for the administration and enforcement of the *Wildlife Act* and Regulations, for evaluation, research, statistical, and land management purposes. For further information on the collection of your information, contact the ATIPP Coordinator, Yukon Department of Environment, Box 2703, Whitehorse, Yukon, Y1A 2C6, (867) 667-5652 or 1-800-661-0408 ext. 5652 within Yukon.

OFFICE USE

Receiver's signature _____	_____ YYYY/MM/DD
	Date received
Referral comments _____	_____ YYYY/MM/DD
	Authorized signature
	Date