



APPLICATION FOR A SEASONAL TRAPPING PERMIT

If the applicant is not currently a trapping concession holder, this form is only valid if attached to a completed copy of **Form A – Declaration and Application for Yukon Trapping Concession and/or Licence.**

SECTION A: APPLICANT INFORMATION

| | | | | | | | |
|--|--|-------|-------------|-----------|------|-------|-----|
| Name | Name _____ | | | Birthdate | | | |
| Date of birth | LAST | FIRST | MIDDLE INT. | | YEAR | MONTH | DAY |
| HEREINAFTER called the “applicant”: | | | | | | | |
| Area # | The applicant hereby makes application for the issuance of a seasonal trapping permit in accordance with Section 69 of the <i>Wildlife Act</i> for trapping concession area # _____ | | | | | | |
| Area # | <input type="checkbox"/> I currently hold 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.

| | |
|---|---|
| (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 permit should it be issued to you. _____ _____ |
| (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 _____ _____ _____ | _____ Authorized signature | YYYY / MM / DD Date |