

Please Print Clearly

 Trapline applied for:

--

Applicant Information

Last Name	First Name	Middle Initial
-----------	------------	----------------

Mailing Address

Unit No.	Street No.	Street Name	Rural Route	PO Box
City/Town/Municipality			Province/State	Postal Code/Zip Code

Physical Address (if different from mailing address)

Unit No.	Street No.	Street Name	Rural Route	PO Box
City/Town/Municipality			Province/State	Postal Code/Zip Code

Telephone Numbers

Home Telephone No. (including area code)	Business Telephone No. (including area code)	Fax No. (including area code)
--	--	-------------------------------

Applicant Card ID

Ontario Outdoor Card No. (hunting version)	Expiry Date (yyyy)	Trapper's No.
7 0 8 1 5 8		1 2

Trapping Details
Ministry Use Only

Distance of residence from trapline (as indicated by applicant's address on Hunting Outdoor Card or Ontario Driver's Licence)	kms	
Member of a local trappers council	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Member of Ontario Fur Managers Federation or a Provincial Treaty Organization (Treaty #3, Nishnawbe Aski Nation, Union of Ontario Indians)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of trapping seasons applicant has held an Ontario Trapping Licence beginning 1998-99 trapping season (no maximum)	Years	
Number of trapping seasons of active commercial fur harvest (i.e. actively harvesting furbearers), beginning 1998-99 trapping season (no maximum)	Years	
Number of seasons the applicant has been a helper trapper on the registered trapline being applied for, beginning 1998-99 trapping season (no maximum)	Years	
Successful completion of the <i>Fur Harvest, Fur Management and Conservation Course</i> (applicant to provide proof)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of fur (trapping) convictions during the past 5 years		
Number of registered trapline transfers within past ten trapping seasons prior to the date of application		

Any false information supplied by the applicant will automatically disqualify the application.
 I certify that the information provided in this application is true.

Personal information contained on this form is collected under the authority of the *Fish and Wildlife Conservation Act, 1997* and will be used for the purpose of licencing, identification, enforcement, resource management and customer service surveys. Please direct further enquiries to the District Manager of the MNR issuing district.

Applicant Signature	Date (yyyy/mm/dd)
---------------------	-------------------