

HEAD TRAPPER SUCCESSION FORM

Date:	(yyyy/mm/dd)
Ministry of Nat	ural Resources and Forestry
District Office:	
To Whom It M	lay Concern:
	e with MNRF procedure WilPr1.1.7, please accept this as my letter of ccessor on trapline # (e.g. "TB-999").
trapper) on all or should I not the trapline r	(first and last name), am currently the 01 (head bove stated trapline in the Province of Ontario. In the event of my death or longer be able to trap for health or other reasons, my wish is to have note above allocated to (first st name), who is currently licensed as a helper trapper on the trapline.
;	Signature:
	(Print name):
•	Address:
,	Witness:
((Print name):

Distribution:

- 1 copy to MNRF District/Area Office1 copy to Ontario Fur Managers Federation
- 1 copy to local trappers' council
- 1 copy with your will