

TRAPPER VERIFICATION FORM

Beaver Control Program (CAP-BCP)

Deadline: **February 15, 2020**

Submit to SARM by **February 15, 2020** by email to Annette Ellert, Programs Manager at aellert@sarm.ca

PART 1 - APPLICANT

RM/FNB _____ No. _____

PART 2 - TRAPPER INFORMATION

NAME OF TRAPPER: _____

Claim invalid without: - Copy of South Saskatchewan Fur license for service period listed below
- First Nation Status number or copy of treaty fur trapping license for service period listed below

• First Nation Status #: _____

PART 3 - BEAVER REMOVAL INFORMATION

Date of Beaver Removal	Number of Beaver Removed	Amount Paid to Trapper per beaver (min. \$30/tail)	Total Paid	Removal Locations LLD or GPS coordinates (to three digits)
TOTALS				

AUTHORIZED BY SARM: _____