



NEW ANGLING GUIDE LICENCE APPLICATION

This application is for use by individuals applying to obtain a new angling guide licence for British Columbia.

Please complete all sections of this form. Type or print legibly. Attach additional sheets as needed.

APPLICANT:

Applicant's Name: _____

Mailing Address: _____

Postal Code: _____

Phone (day): _____ Date of Birth (MM/DD/YYYY): _____

WLAP Region(s) Operating in: _____

DOCUMENTATION:

New Applicants must include:

Proof of successful completion of Angling Guide Exam (Contact local Government Agent for more details <http://www.governmentagents.gov.bc.ca/locations/map.htm>)

Angling Guide Operating Plan

FEES:

Payment: \$450.00 Angling Guide Licence
\$ 50.00 Late Fee for new applications received after January 15th
\$ _____ 45% of Classified Waters Angler Day Quota Fees / Conservation Surcharge
(The 55% remainder is payable on or before September 30th)

Total Enclosed: \$ _____

Method of Payment: Cheque/Money Order Payable to Minister of Finance
Credit Card (Visa/Mastercard) (attach credit card authorization sheet)
Cash/Debit at Service BC – Government Agent Only
 at FrontCounter BC

ACKNOWLEDGEMENT:

By signing this application, the applicant certifies that he or she is a Canadian citizen or a permanent resident of Canada (landed immigrant) and is 19 years of age or older (or has attached an exemption under Section 100 of the *Wildlife Act*). The applicant further certifies that he or she holds and will maintain a minimum of \$500,000 public liability insurance applicable to his or her angling guide business and effective for the period during which s/he operates.

Signature of Applicant **Date of Application**

It is an offence to knowingly make a false statement in order to obtain a permit/licence. Violations may result in prosecution under the *Wildlife Act* and/or refusal of future permit or licence requests. Any permit/licence obtained using false information is invalid.

PLEASE FORWARD MY LICENCE TO:

Address: (as above): **or**

Mail to: _____

Or Fax: _____

Please send completed application, fees and any supporting documents to the **Permit and Authorization Service Bureau** at one of the following:

- By Mail:** PO Box 9372 STN PROV GOVT, Victoria BC, V8W 9M3
- By Courier:** 4th Floor, 2975 Jutland Rd, Victoria BC, V8T 5J9
- By Fax:** (250) 387-0922 **or** through any Service BC - Government Agent Office
or through any FrontCounter BC Office