



Wildlife Act of British Columbia
BRITISH COLUMBIA TRAPLINE TRANSFER

FW-19

REGION

Date: _____
Year/Month/Day

Permission must be obtained from all registered trapline holders before additional names may be added, or the trapline registration transferred.

I/we, _____
Type or print legibly. Attach additional sheets as needed

do hereby transfer my/our right to trap furbearing animals on registered trapline number:

TR # _____ and do hereby transfer the aforementioned registered trapline to the following person(s):

Type or print legibly. Attach additional sheets as needed

SIGNATURES OF ALL TRANSFERRING TRAPLINE HOLDER(S):

Signature of Transferring Trapline Owner

Print Name

Date

Signature of Witness

Print Name

Address

Signature of Transferring Trapline Owner

Print Name

Date

Signature of Witness

Print Name

Address

Signature of Transferring Trapline Owner

Print Name

Date

Signature of Witness

Print Name

Address

For further information: <http://wlapwww.gov.bc.ca/pasb/index.htm>
Victoria 952-0932; Elsewhere in BC 1-866-433-7272



BRITISH COLUMBIA TRAPLINE TRANSFER

REGION

Date: _____

Year/Month/Day

Permission must be obtained from all registered trapline holders before additional names may be added, or the trapline registration transferred.

Please send this completed form along with Trapline Registration form and registration fee to:
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

or through any Service BC - Government Agent Office

For further information: <http://wlapwww.gov.bc.ca/pasb/index.htm>

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TRAPLINE NUMBER _____

Registered Holder(s)*

1.	_____	_____
	NAME	SIGNATURE
	_____	_____
	MAILING ADDRESS	PHONE #
2.	_____	_____
	NAME	SIGNATURE
	_____	_____
	MAILING ADDRESS	PHONE #
3.	_____	_____
	NAME	SIGNATURE
	_____	_____
	MAILING ADDRESS	PHONE #
4.	_____	_____
	NAME	SIGNATURE
	_____	_____
	MAILING ADDRESS	PHONE #

*Additional registered holder(s) should be listed with the above information on an attached sheet.

Are all registered holder(s):

- 1. 19 years of age or older? YES NO
- 2. Canadian citizen(s) or permanent resident(s) of Canada? YES NO
- 3. Licenced trapper(s) or completed a Trapper Education Course? YES NO

TRAPLINE REGISTRATION APPROVED

Trapline Number _____

The boundaries of which are approved by the Regional Manager pursuant to the Wildlife Act and regulations and outlined on the attached maps is registered to the registered holder(s) listed on this form this _____ day of _____ 20, _____.

Signed _____
Regional Manager

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FEES:

Payment: \$ 50.00 Registration Fee

Method of Payment: Cheque/Money Order Payable to Minister of Finance
Credit Card (Visa/Mastercard) (attach credit card authorization sheet)

Please send completed application, and 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

For further information: <http://wlapwww.gov.bc.ca/pasb/index.htm>

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