

SEND THIS APPLICATION AND FEE TO:
WILDLIFE LICENCES CLERK
MANITOBA CONSERVATION
WILDLIFE AND ECOSYSTEM
PROTECTION BRANCH
BOX 24-200 SAULTEAUX CRESCENT
WINNIPEG MB R3J 3W3
TELEPHONE: 204-945-1893
FAX NO.: 204-948-2756

- Allow 14 working days for this application to be processed.
- This application will not be processed unless the required fee is attached.
- Your cheque or money order should be made payable to "The Minister of Finance."
- For new applications, attach a copy of business name, company or corporation registration documents (if applicable).
- You must be a resident of Manitoba to obtain and hold a Wild Animal Part Dealer Licence.
- For information on this or any other licence contact the WILDLIFE LICENCES CLERK.

IS THIS A (Check one)

- NEW APPLICATION **OR** - LICENCE RENEWAL

For a renewal give the previous or last held
Wild Animal Part Dealer Licence number.

DW

NAME OF APPLICANT (person / registered business name / registered company / corporation):		NAME OF CONTACT PERSON (if different from applicant)	
MAILING ADDRESS:			
CITY OR TOWN:	MB	POSTAL CODE:	TELEPHONE NUMBER:
		RESIDENCE	BUSINESS
STREET ADDRESS OR LEGAL DESCRIPTION AND URBAN OR RURAL MUNICIPALITY WHERE BUSINESS WILL BE LOCATED:			
BRIEFLY DESCRIBE ACTIVITIES OR PARTS YOU PROPOSE TO BUY OR SELL AND ANY OTHER INFORMATION THAT YOU FEEL WOULD BE HELPFUL IN ASSESSING THE APPLICATION:			
I hereby certify that the information provided in this application is accurate to the best of my knowledge and I understand the regulations respecting trade in wild animal parts, and request that a Wild Animal Part Dealer Licence be issued to me.			
SIGNATURE OF APPLICANT:		DATE SIGNED:	

FOR DEPARTMENT USE ONLY

Date received: _____ District sent too for comments: _____ Dated sent: _____

DISTRICT COMMENTS (attach sheet if insufficient space):

DATE: _____ OFFICER'S SIGNATURE: _____

REGION COMMENTS (attach sheet if insufficient space):

DATE: _____ DIRECTOR'S/ASSISTANT DIRECTOR'S OR REGIONAL WILDLIFE MANAGER'S SIGNATURE: _____