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**SCHEDULE IV: APPLICATION FOR VACANT REGISTERED TRAPLINE (RTL)**

RTL Section: \_\_\_\_\_ RTL Section No. \_\_\_\_ \_\_\_\_ \_\_\_\_ (3 digit No.)

RTL Number: \_\_\_\_

or Special Trapping Area: \_\_\_\_\_ STA Zone: \_\_\_\_\_

NAME: \_\_\_\_\_

Address: \_\_\_\_\_ Town /City \_\_\_\_\_

Postal Code: \_\_\_\_ \_\_\_\_ Phone Number: \_\_\_\_ \_\_\_\_

1) EXPERIENCE AND RELATIONSHIP:

a) Are you an immediate family member with production in two of the last five years on the RTL or STA zone applied for: \_\_\_\_ YES/NO

\_\_\_\_

a) Are you an immediate family member and line holder or helper on another RTL or in another RTL Section (Name Section \_\_\_\_\_): or STA with production in two of the last five years: \_\_\_\_ YES/NO

\_\_\_\_

b) Are you a helper on RTL line (where \_\_\_\_\_) or STA Zone applied for with production in two of last five years: \_\_\_\_ YES/NO

\_\_\_\_

d) Are you a line holder or helper who wishes to relocate: \_\_\_\_ YES/NO

\_\_\_\_

e) Are you a line or zone holder within the section with good production on a poor line: \_\_\_\_ YES/NO \_\_\_\_

f) Are you a trapper or helper from outside the RTL or STA Section: \_\_\_\_ YES/NO \_\_\_\_

2) RESIDENCE:

a) Do you live within the RTL or STA Section applied for: \_\_\_\_ YES/NO

\_\_\_\_

b) Are you a past community member that wishes to relocate: \_\_\_\_ YES/NO

\_\_\_\_

c) Do you live adjacent to the RTL or STA Section applied for: \_\_\_\_ YES/NO

\_\_\_\_

3) Have You Completed A Mandatory Trapper Education Course? \_\_\_\_ YES/NO \_\_\_\_  
If YES, provide:

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Graduate Certificate Number \_\_\_\_\_, year course taken \_\_\_\_\_, and Jurisdiction \_\_\_\_\_

4) Trapping Record And Furbearer Production:

Year	RTL/STA or Open Area Number	List Five Most Common Furbearers Taken And Number of Each Species Sold

5) Experience As A Licenced Trapper Or Helper:

- a) RTL Section or STA Permitted Trapper: Number of years \_\_\_\_
- b) Open Area Licensed Trapper: Number of years \_\_\_\_

6) LIST EQUIPMENT and NUMBER and TYPE OF TRAPS/SNARES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leghold(padded)		
Leghold(Off-Set)		
Leghold(Other)		
Snares(standard)		
Snares(power)		
Conibear(number and size)		

7) Dependents (Number of Dependents): \_\_\_\_

8) Other Income/Employment Status: \_\_\_\_\_  
 Fulltime (Includes farmer), Seasonal, Retired

9) Traditions of the Community: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: Application may be declared VOID, if the applicant provides false information.

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