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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 | |
|------|--------------------------------|---|--|
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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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