



REGISTERED FUR MANAGEMENT AREA (RFMA) APPLICATION FORM

APPLICATION IS HEREBY MADE FOR A REGISTERED FUR MANAGEMENT AREA AS DESCRIBED HEREUNDER. PLEASE WRITE LEGIBLY. APPLICATIONS ARE SCORED BY INFORMATION RECEIVED. SUCCESSFUL APPLICANTS WILL BE CONTACTED IN WRITING. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Name of Applicant (Last, First):
Address:
City: Province: Postal Code:
Phone (primary): Phone (secondary):
Email: Date of Birth (YYYY/MMM/DD):

For which Registered Fur Management Area (RFMA) are you applying? # _____

PROOF OF RESIDENCY

- 1. Are you a resident of Alberta? (see Alberta Guide to Trapping Regulations for definition) YES NO
2. Is your primary residence in or within 30 miles of Fort Smith, Northwest Territories? (only relevant for Non-Residents applying on RFMA's wholly situated both east of Wood Buffalo National Park and north of the north boundary of Township 118) YES NO
3. For Proof of Residency, submit copy of one of the following: Alberta Operator's Licence Alberta Personal Health Card Canadian Armed Forces Card Number: (e.g., Operator's Licence #)

INCLUDE COPY OF PROOF OF RESIDENCY WITH YOUR APPLICATION.

4. OPTIONAL: If you are applying for a First Nation RFMA and hold a Certificate of Indian Status Card including that information may speed up processing of your application. You may choose to include that information here:

Registration Number: (e.g. 9997001801) First Nation (Band) Name:

TRAPPING EXPERIENCE

5. How many years of licenced trapping experience do you have in the past 10 years and within your lifetime?
(Do not include years when you did not actively trap)

_____ years of licenced trapping in the past 10 years
_____ years of licenced trapping in your lifetime

6. Do you have previous trapping experience on the RFMA for which you are applying? YES NO

If you answered YES to this question, how many years have you trapped on the RFMA? _____ years

7. Have you (check all that apply):

Previously held a Registered Fur Management Licence (Junior Partner or Senior Holder)?

RFMA # _____	Junior Partner <input type="checkbox"/>	Trapping Seasons (e.g. 2014/2015): _____
	Senior Holder <input type="checkbox"/>	_____
RFMA # _____	Junior Partner <input type="checkbox"/>	Trapping Seasons (e.g. 2014/2015): _____
	Senior Holder <input type="checkbox"/>	_____
RFMA # _____	Junior Partner <input type="checkbox"/>	Trapping Seasons (e.g. 2014/2015): _____
	Senior Holder <input type="checkbox"/>	_____
RFMA # _____	Junior Partner <input type="checkbox"/>	Trapping Seasons (e.g. 2014/2015): _____
	Senior Holder <input type="checkbox"/>	_____

Previously held a Resident Fur Management Licence (WMU, years, and Licence #)?

Held a Trapping Licence elsewhere (name of province/state, years, and Licence #)?

INCLUDE COPIES OF ALL LICENCES WITH YOUR APPLICATION.

INCLUDE COPIES OF ALL FUR SALES RECORDS FOR THE PAST 3 YEARS.

TRAPPING EDUCATION

8. Have you attended and passed the Alberta Trapper Education Course? Yes No
Date: _____
Location: _____

9. Have you taken any other relevant trapping courses in Alberta? Check all that apply: No

<input type="checkbox"/> Trapline Layout (3 day)	<input type="checkbox"/> Advanced Professional Trapping (5 day)
<input type="checkbox"/> Wolf Management (2 day)	<input type="checkbox"/> Professional Fur Pelt Preparation and Handling (2 day)
<input type="checkbox"/> Snaring Workshop (1 day)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Restraining Trap Workshop (1 day)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fur Handling (1 day)	<input type="checkbox"/> Other: _____

INCLUDE COPIES OF ALL COURSE CERTIFICATES WITH YOUR APPLICATION.

10. Are you a current member of the Alberta Trappers' Association? Yes No
Membership #: _____

FAMILIAL RELATIONSHIP

11. Are you the spouse or dependent child of the previous RFMA Senior Holder? YES NO

12. Describe other relevant experience in regards to trapping (e.g., as a spouse or dependent child). Include detail on species trapped, traps set, fur preparation, etc.

EFFORT AND AVAILABILITY

13. Which seasons, and for how many days within that season, are you committed to trapping?

<input type="checkbox"/> Fall (Oct – Nov)	_____ days
<input type="checkbox"/> Winter (Nov – Feb)	_____ days
<input type="checkbox"/> Spring (Feb – May)	_____ days
<input type="checkbox"/> Summer (Jun)	_____ days

14. Are you willing to take on a Junior Partner?

YES NO

15. Check all the species that you intend on harvesting:

- | | | | |
|-------------------------------------|---------------------------------|--|------------------------------------|
| <input type="checkbox"/> Badger | <input type="checkbox"/> Fisher | <input type="checkbox"/> Muskrat | <input type="checkbox"/> Squirrel |
| <input type="checkbox"/> Beaver | <input type="checkbox"/> Fox | <input type="checkbox"/> Otter | <input type="checkbox"/> Weasel |
| <input type="checkbox"/> Black Bear | <input type="checkbox"/> Lynx | <input type="checkbox"/> Rabbit / Hare | <input type="checkbox"/> Wolf |
| <input type="checkbox"/> Bobcat | <input type="checkbox"/> Marten | <input type="checkbox"/> Raccoon | <input type="checkbox"/> Wolverine |
| <input type="checkbox"/> Coyote | <input type="checkbox"/> Mink | <input type="checkbox"/> Skunk | |

Of those checked above, you intend to concentrate your trapping effort on which species? List top 3 in order:

1 _____ 2 _____ 3 _____

EQUIPMENT

16. Do you own the following equipment? Check all that apply:

<input type="checkbox"/> Vehicle	<input type="checkbox"/> Quad	<input type="checkbox"/> Snowmobile or tracked quad	<input type="checkbox"/> Argo	<input type="checkbox"/> Boat
Other:				

17. List all the traps that you currently own (specify types, sizes, number, and AIHTS certification):

Type	Size	Number	AIHTS certified?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER

18. For RFMAs in the Caribou Zone:

Do you intend to hunt Black Bear on the RFMA?

YES NO

Do you intend to trap Wolf on the RFMA?

YES NO

19. Are you willing to trap problem wildlife on the RFMA should the need arise?

YES NO

20. Have you been convicted of any hunting or trapping related offences?

YES NO

If you answered YES to this question, list convictions and dates:

I, _____, certify that the above information is true and accurate and understand that any false information provided will automatically disqualify the application and will result in the immediate termination of the RFML (if awarded).

Applicant Signature _____

Date _____ / _____ / _____
 YYYY MMM DD

OFFICE USE ONLY

Score _____

Reviewing Wildlife Biologist _____

Applicant Interview Yes / No

Comments

