



Registered Fur Management Area (RFMA) Relinquishment Form

I, _____
Last name First name Initial

of _____
Address City or Town Postal Code

Registered Holder of Registered Fur Management Area No. _____

(Please check only one)

Section A: Do hereby relinquish all rights to trap on the above-mentioned Registered Fur Management Area

Section B: Do hereby relinquish all rights to trap on the above-mentioned Registered Fur Management Area on condition of the following:

(Complete only if section B is selected)

This Registered Fur Management Area will be assigned to:

I understand the designated applicant must meet the qualifications required to hold a Registered Fur Management Licence.

The transfer will not take effect until a new licence has been issued to the new designated applicant. If the transfer does not occur by _____ this form will be void.
(dd/mm/year)

Comments (assets if any) _____

Signature of Registered Fur Management Holder: _____

Date: _____
(dd/mm/year)