

# ALBERTA TRAPPERS' COMPENSATION PROGRAM

# CLAIM FORM

ATCP Board Use Only

ATCP CLAIM #: \_\_\_\_\_

**NOTE: ONLY SENIOR REGISTERED FUR MANAGEMENT LICENSE HOLDERS ARE ELIGIBLE TO SUBMIT A CLAIM**

## CLAIMANT:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Registered Fur Management Area #: \_\_\_\_\_

## INSTRUCTIONS:

Check off and complete the applicable claim section (see page 2 for more claim options), sign and return to **Alberta Trappers' Compensation Board**

**Mail:** Box 6020, Westlock, AB T7P 2P7 **Email:** info@albertatrappers.com

**For additional help with this form call 1-780-990-4879.**

***Check claim type, provide claim amount and describe briefly. Attach additional pages and other information if required.***

**DIRECT DAMAGE TO ASSETS CLAIM**

Amount of Claim: \$ \_\_\_\_\_

Description: *(Must provide evidence of attempt to resolve with company)*

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**THEFT/VANDALISM CLAIM** Amount of Claim: \$ \_\_\_\_\_

Description: *(Provide list of items, their age, current estimated value and replacement cost. Must provide copy of police report.)*

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**SEE PAGE 2 FOR MORE.**

**TEMPORARY DISRUPTION CLAIM**

Amount of Claim: \$ \_

Description: *(Provide description of disruption and estimated fur loss as a result. Must provide evidence of attempt to resolve with company.)*

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**LONG-TERM LOSS OF LIVELIHOOD CLAIM**

Amount of Claim: \$ \_

Description: *(Must be accompanied by maps and a letter of support from Regional Biologist)*

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_