2018-19 Beaver Control Program (CAP-BCP)

Trapper Verification Form

RM/FNB _____ **No.** _____

Authorized Trapper NAME: _____

Trapping License Number: _____ **License valid through** *(provide dates)* _____

Nuisance Beaver Removal Summary			
DATE of Removal	**Unit # Removed**	**Value Paid per Beaver to Trapper**	**Agricultural Legal Land Description** (LLD) **or GPS coordinates** (to three digits)
Total Nuisance Beaver removed	**0**	**$ -**	

Trappers must hold a valid and current license number through the Ministry of Environment at the time their service is provided to the RM/FNB for the purpose of the CAP-BCP. License numbers and dates will be verified prior to rebate funding approval .