



This form must be submitted with a completed "Group Spokesperson Designation Form" and copies of Form A that have been completed by each group member. In the case of a transfer, the current concession holder must complete the appropriate Relinquishment Affidavit.

Current status of trapping concession area	
<input type="checkbox"/> Unregistered	
<input type="checkbox"/> Registered - transfer	

SECTION A: SPOKESPERSON INFORMATION

Name Date of birth	Name _____ LAST FIRST MIDDLE INT.	Birthdate YEAR MONTH DAY
Area #	HEREINAFTER called the "applicant": The applicant, in accordance with Section 61 of the <i>Wildlife Act</i> , hereby makes application for the issuance of a registration for trapping concession area # _____	
Area #	<input type="checkbox"/> All group members have previously held a Yukon Trapping Concession (area # _____) in good standing <input type="checkbox"/> All group members are enrolled under one of the Yukon First Nation Final Agreements or are beneficiaries of a Transboundary agreement as defined in the Umbrella Final Agreement. <input type="checkbox"/> Only some group members are enrolled under one of the Yukon First Nation Final Agreements or are beneficiaries of a Transboundary agreement as defined in the Umbrella Final Agreement.	
First Nation name	First Nation _____	

SECTION B: APPLICATION INFORMATION

Provide as much detail as possible in this section. Use additional pages if required. Only information contained in your application will be considered.

(e.g., number of years trapping, locations, species targeted, participation in workshops, etc.)	Provide a detailed description of your group's trapping experience and knowledge. _____ _____ _____
(e.g., traps, transportation, skinning equipment, etc.)	Provide a detailed description of trapping equipment that your group owns or has access to. _____ _____ _____
(i.e., what are your group's plans for developing and working this trapline?)	Provide a detailed description of your group's intentions for this trapping concession. _____ _____ _____
(e.g., family history in the area, familiarity with the area and conditions, etc.)	Provide any other information related to this application. _____ _____ _____

SECTION C: DECLARATION

Sign below to legally declare that the information provided above is complete and correct.

By signing here, the applicant declares that all information provided in sections A and B is complete and correct.	_____	YYYY/MM/DD
Signature of applicant		Date

Your personal information is being collected under the authority of section 29(c) of the *Access to Information and Protection of Privacy Act* and will be used for the administration and enforcement of the *Wildlife Act* and Regulations, for evaluation, research, statistical, and land management purposes. For further information on the collection of your information, contact the ATIPP Coordinator, Yukon Department of Environment, Box 2703, Whitehorse, Yukon, Y1A 2C6, (867) 667-5652 or 1-800-661-0408 ext. 5652 within Yukon.

OFFICE USE

Receiver's signature	_____	YYYY/MM/DD
	Date received	
Referral comments	_____	YYYY/MM/DD
	Authorized signature	Date