



# ANISHINABEK NATION

---

## TRAPPER HELPER FORM

Date: \_\_\_\_\_ (yyyy/mm/dd)

Ministry of Natural Resources

District Office: \_\_\_\_\_

Anishinabek Nation  
Head Office  
Email: XXX@anishinabek.ca

### **Re: Request to Add Certified Trapper Helper to Registered Trapline**

To Whom It May Concern:

In accordance with MNR procedure WilPr1.1.7, please accept this as my letter of intent for adding a trapper helper(s) on registered **trapline #** \_\_\_\_\_ (e.g. "TB-999").

I am the Head Trapper for the registered trapline identified and am writing to formally request the addition of Trapper Helper(s) to my existing registered trapline. This letter is submitted in lieu of an Ontario Trapping License Application, for administrative purposes related solely to Trapper Helper designation.

#### **Head Trapper Information**

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

Trapper Number: \_\_\_\_\_

Registered Trapline Name / Number: \_\_\_\_\_

#### **Trapper Helper(s) Information**

Name(s): \_\_\_\_\_

The individual(s) named above have successfully completed Trapper Helper Certification within the past five (5) years.

**Proof of Trapper Helper(s) certification is attached.**

I further confirm that:

- I remain the licensed Head Trapper for the registered trapline noted above;
- The Trapper Helper(s) will assist only under my direction and authority.
- All trapping activities will comply with the Fish and Wildlife Conservation Act, applicable regulations, and Ministry policies.
- This request does not involve any change to trapline registration, trapper number, quotas, or licensing status.
- All Trapper Helper(s) have paid the Anishinabek Nation Trappers Authority Fee to the Head Office; and
- Trapper Helper license will be issued to the Helper(s) through the Anishinabek Nation.

This letter is intended to replace the submission of an application form for the sole purpose of adding Trapper Helper(s) to my existing registered trapline.

Thank you for your consideration. Please contact me should further information or clarification be required.

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

Print name: \_\_\_\_\_

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

Witness: \_\_\_\_\_

**Distribution:**

- 1 copy to MNR District/Area Office
- 1 copy to Anishinabek Nation Trappers Authority
- 1 copy to Head Trapper