


# How to complete a B.C. Trapline Transfer Form

	<p style="text-align: right;">FW-19</p> <p><b>Wildlife Act of British Columbia</b>  <b>BRITISH COLUMBIA TRAPLINE TRANSFER</b></p> <p>REGION <input type="radio"/> Region Trapline is Located</p> <p style="text-align: right;">Date Form Is Completed          Date: _____          Year/Month/Day</p> <p><b>Permission must be obtained from all registered trapline holders before additional names may be added, or the trapline registration transferred.</b></p>
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I/we, \_\_\_\_\_ **List all names of current registered trapline holders**

Type or print legibly. Attach additional sheets as needed.

do hereby transfer my/our right to trap furbearing animals on registered trapline number: \_\_\_\_\_

Print Registered Trapline Number where

TR # Registered Holders are being added or removed \_\_\_\_\_ and do hereby transfer the aforementioned registered trapline to the following person(s):

**List all names of remaining registered trapline holders AND all individuals to be added, as completed on the B.C. Trapline Registration Form**

Type or print legibly. Attach additional sheets as needed.

Signatures of all CURRENT registered trapline holders are required.

**SIGNATURES OF ALL TRANSFERRING TRAPLINE HOLDER(S):**

<p>Signature of Transferring Trapline Holder</p> <hr/> <p><b>Signature of Transferring Trapline Holder</b>          Printed full name of Transferring Trapline Holder</p> <hr/> <p>Print Name          Date signed</p> <hr/> <p>Date</p>	<p>Signature of Witness, must not be signee as Transferring Trapline Holder</p> <hr/> <p><b>Signature of Witness</b>          Printed full name of Witness</p> <hr/> <p>Print Name          Printed full mailing address of Witness</p> <hr/> <p>Address</p>
<p><b>IF DECEASED</b> - signed by executor of the estate, someone named in the will to inherit the trapline, or an immediate family member</p> <hr/> <p><b>Signature of Transferring Trapline Holder</b>  <b>IF DECEASED</b> - printed full name of registered trapline holder</p> <hr/> <p>Print Name          Date signed</p> <hr/> <p>Date</p>	<p>Signature of Witness, must not be signee for the deceased Transferring Trapline Holder</p> <hr/> <p><b>Signature of Witness</b>          Printed full name of Witness</p> <hr/> <p>Print Name          Printed full mailing address of Witness</p> <hr/> <p>Address</p>
<p>Signature of Transferring Trapline Holder</p> <hr/> <p>Print Name</p> <hr/> <p>Date</p>	<p>Signature of Witness</p> <hr/> <p>Print Name</p> <hr/> <p>Address</p>