

Your cheque or money order should be made payable to "The Minister of Finance."
Allow for a minimum of 14 working days for the processing of this application.

This licence is required to travel throughout the province for the purpose of dealing in the pelts, skins and hides of black bears, gray (timber) wolves and fur-bearing animals.

A travelling licence can be issued only to a person or an employee of a person who holds a fur dealer's licence.

A separate travelling licence is required for each person or employee who will be travelling by themselves for the purpose of dealing in the pelts, skins and hides of black bears, gray (timber) wolves and fur-bearing animals.

SEND THIS APPLICATION AND FEE TO:

THE CASHIER
MANITOBA CONSERVATION
BOX 42-200 SAULTEAUX CRESCENT
WINNIPEG MB R3J 3W3

IS THIS A (Check one)

- NEW APPLICATION **OR** - LICENCE RENEWAL

For a renewal give the previous or last held Fur Dealer's Travelling Licence number.

NAME OF APPLICANT (person / registered business name / registered company / corporation):		NAME OF CONTACT PERSON (if different from applicant)	
MAILING ADDRESS:			
CITY OR TOWN:	MB	POSTAL CODE:	TELEPHONE NUMBER:
		RESIDENCE	BUSINESS
STREET ADDRESS OR LEGAL DESCRIPTION AND URBAN OR RURAL MUNICIPALITY WHERE BUSINESS WILL BE LOCATED:			
NAME OF THE PERSON TO APPEAR ON THE FUR DEALER'S TRAVELLING LICENCE		PERSON'S POSITION	
BRIEFLY DESCRIBE ACTIVITIES OR PARTS YOU PROPOSE TO BUY OR SELL AND ANY OTHER INFORMATION THAT YOU FEEL WOULD BE HELPFUL IN ASSESSING THE APPLICATION:			
I hereby certify that the information provided in this application is accurate to the best of my knowledge and I understand the regulations respecting a travelling licence, and request that a Fur Dealer's Travelling Licence be issued.			
SIGNATURE OF APPLICANT:		DATE SIGNED:	

FOR DEPARTMENT USE ONLY

Date received: _____ District sent too for comments: _____ Dated sent: _____

DISTRICT COMMENTS (attach sheet if insufficient space):

DATE: _____ OFFICER'S SIGNATURE: _____

REGION COMMENTS (attach sheet if insufficient space):

DATE: _____ DIRECTOR'S/ASSISTANT DIRECTOR'S OR REGIONAL WILDLIFE MANAGER'S SIGNATURE: _____