

REQUEST TO CANCEL ASSISTANT TRAPPER LICENCE – SOLE CONCESSION HOLDER

To: Yukon Department of Envi	ronment	
l,	the registered holder of the trapping concession for trapping concession	
area # reque		
for my trapping concession a	rea.	
Sincerely,		
Registered trapping concession	on holder	Date YYYY/MM/DD
Witness		Date YYYY/MM/DD

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.