



Application for an Outfitter Licence

November 2015 | CSB | CSB11001

Surname of Applicant	First Name and Initials	() Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent Address	City	Province or State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Code or Zip Code	() Fax Number	Email Address (Required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Corporation Name (if applicable) (A copy of the Corporate Profile Report must be attached to the submission)		
<input type="text"/>		
Business Name		
<input type="text"/>		

Proposed Outfitting Service: As Per Outfitter's Licence # or as listed below.

Hunting and Trapping				Client Allocation Request	Wildlife Management Zones
Deer	Resident	Canadian Resident	Non-Resident	<input type="text"/>	<input type="text"/>
Bear	Resident	Canadian Resident	Non-Resident	<input type="text"/>	<input type="text"/>
Moose	Resident	Canadian Resident	Non-Resident	<input type="text"/>	<input type="text"/>
Migratory Game Birds				<input type="text"/>	
Upland Birds				<input type="text"/>	
Coyote				<input type="text"/>	
Other	<input type="text"/>			<input type="text"/>	
Angling (Identify lakes)				<input type="text"/>	
<input type="text"/>				<input type="text"/>	
<input type="text"/>				<input type="text"/>	

Head Office Location (Required)
(Legal land location or street address)

Outcamp Location(s) if applicable

Day Use Site Location(s) if applicable

Forward completed application or contact for assistance for completing this application to:
 Nelson Ackerman
 Provincial Outfitting Specialist
 Saskatchewan Ministry of Environment
 Fish, Wildlife and Lands Branch
 Box 3003 - 6th Floor
 Prince Albert, SK S6V-6G1
 Phone: (306) 953 - 2518 | Fax: (306) 953 - 2502
 Email: nelson.ackerman@gov.sk.ca

I do not currently hold a valid Saskatchewan Outfitter's Licence. I have not had a Saskatchewan Outfitter's Licence revoked or suspended in the last five years. I declare that the information provided is true and correct.

Signature of Applicant

Date of Application (Day/Month/Year)