

Submit to SARM by **February 15, 2021** by email to Annette Ellert, Programs Manager at [aellert@sarm.ca](mailto:aellert@sarm.ca)

### PART 1 - APPLICANT

RM/FNB \_\_\_\_\_ No. \_\_\_\_\_

### PART 2 – NUISANCE BEAVER REMOVAL - INCLUDE TRAPPER VERIFICATION FORM & ALL REQUIRED LICENSES

Number of Beaver Removed \_\_\_\_\_ at \$30 minimum per beaver \$ \_\_\_\_\_

Number of Beaver Removed \_\_\_\_\_ at Other (\$ \_\_\_\_\_) per beaver \$ \_\_\_\_\_

**TOTAL for Beaver Removal: \$ \_\_\_\_\_**

### PART 3 – POND LEVELER/BEAVER DECEIVER INCLUDE PURCHASE & INSTALLATION INVOICES (less any taxes)

Item Description	QTY	Paid per Unit	TOTAL PAID
_____	_____ X	\$ _____	\$ _____

LLD or GPS location of installation: \_\_\_\_\_

Item Description	QTY	Paid per Unit	TOTAL PAID
_____	_____ X	\$ _____	\$ _____

LLD or GPS location of installation: \_\_\_\_\_

### PART 4 – CERTIFICATION

*I certify, by signing this form, that the base level of service outlined in the CAP-BCP Program Guidelines has been met for the 2020-2021 program year in the municipality indicated at the top of this form.*

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(Administrator Name)

FOR SARM USE ONLY	
REBATE PAID:	_____
DATE:	_____
CLAIM NUMBER:	_____

\_\_\_\_\_  
(Administrator Signature)

AUTHORIZED BY SARM: \_\_\_\_\_