



| | | |
|---|--------------------|------------------|
|  Moose Conservation Special Permit  | | Permit No. |
| Community: | | Zone: |
| Valid From: | / / | Until: / / |
| Name: | Trapline: | |
| Address: | | |
| Phone: | | Secondary Phone: |
| Authorized By: | Date of Issue: / / | |
| Signature of Issuer: | | |
| <p align="center"> Cree Trappers' Association PO Box 250 Eastmain, QC J0M 1W0 Tel: 819 977-2165 Fax: 819 977-2168 info@ctaoffice.ca </p> | | |

| | | |
|--|-------|------------|
|  Moose Tag  | | Permit No. |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Calf | Zone: | |
| Valid From: | / / | Until: / / |



TRADITIONAL MOOSE HUNTING
TALLYMAN'S PERMISSION FORM

ZONE 17

| | | | |
|------------|--|-----------|--|
| COMMUNITY: | | TRAPLINE: | |
|------------|--|-----------|--|

| | |
|-----------|--|
| ACTIVITY: | |
|-----------|--|

| | | | |
|--------------|--|-----|--|
| VALID FROM : | | TO: | |
|--------------|--|-----|--|

PERMISSION PROVIDED TO:

| | |
|--------------|--|
| Lead hunter: | |
| Address | |
| Phone: | |
| E-mail: | |

ACCOMPANIED BY:

| | |
|-------|--|
| Name: | |
| Name: | |
| Name: | |
| Name: | |

PERMISSION GRANTED SUBJECT TO FOLLOWING TERMS:

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

AUTHORIZED BY:

| | | | |
|------------------|--|-------|--|
| Tallyman's Name: | | Date: | |
|------------------|--|-------|--|

TALLYMAN'S SIGNATURE: _____

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Local Cree Trappers' Association
16 Poplar Street
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F: 819-753-2082

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WASKANANISH
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