

Initial Application for Trap Registration

**To: Massachusetts Division of Fisheries & Wildlife
251 Causeway Street, Suite 400
Boston, MA 02144
ATTN: Permit Section**

I herewith make application to register all traps now and hereafter in my possession or under my control for which find enclosed a check or money order (do not send Cash) in the amount of eight (**\$8.00**) for an renewal application valid for two years.

It is understood by me that upon receipt of a certificate number, I will immediately cut said number or attach a tag with letters or figures not less than one eighth of an inch high into each trap no or hereafter in my possession.

Please Print Name and Address

Name: _____ Date: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Age: _____

Signature: _____

A COPY OF YOUR TRAPPER COURSE COMPLETION CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION

BE SURE TO ENCLOSE CHECK OR MONEY ORDER MADE OUT TO:

THE COMMONWEALTH OF MASSACHUSETTS