

NUISANCE WILDLIFE CONTROL OPERATOR (NWCO) REGISTRATION FORM



STEP 1 – Provide your personal contact information			
Surname		First Name	
Mailing Address	Town or City	Province	Postal Code
Telephone (W)	Telephone (H)	Telephone (C)	
E-Mail Address	Date of birth		
	Year	Month	Day
Please indicate your language preference for the course & correspondence			
<input type="checkbox"/> English – TBD		<input type="checkbox"/> French - TBD	

STEP 2 – Please complete the following	
1. Have you completed the Canadian Firearm Safety Course?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, are you presently registered for the next available course with DNRED prior to the Nuisance Wildlife Control Operator workshop?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you completed the Trapper Education Course?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, are you presently registered for the next available course with DNRED prior to the Nuisance Wildlife Control Operator workshop?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you been convicted of an offence under the <i>Fish and Wildlife Act</i> within the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you ever been convicted of an offence involving cruelty to animals under the Criminal Code of Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered YES to question 3 or 4, please briefly explain :	
<hr/> <hr/>	

STEP 3 – Indicate if you want your contact information made public
Check either YES or NO box below to indicate if you wish the Department of Natural Resources and Energy Development (DNRED) to release your contact information to the public.
<input type="checkbox"/> Yes , I consent to have my contact information made available to the public who are seeking the services of a licenced NWCO.
<input type="checkbox"/> NO , I do not want my contact information made available to the public.

STEP 4 – Indicate if you want to participate in disease surveillance programs

Check **only one box** below to indicate if you want to participate in disease surveillance programs for **rabies** and **avian influenza**.

☐ I want to participate in disease surveillance on a regular basis.

Preferred Location (S) (i.e. village, town, city)

☐ I do not want to participate in disease surveillance.

**STEP 5 – Indicate your registration & licence renewal method
(check only one box)**

Option A

☐ By mail

Option B

☐ By fax

Option C

☐ In person at DNRED

Option D

☐ By email

STEP 6 – Indicate your payment method**(check only one box)**

☐ **Registration fee - \$100.00**

☐ **Registration fee + licence - \$175.00**

Payment method

If you are paying for your application by cheque or money order, make it payable to the Minister of Finance, Province of New Brunswick. If you are mailing your application and wish to pay by credit card, please call 506-453-2372.

☐ Cash

☐ Cheque

☐ Money Order

☐ Visa

☐ MasterCard

☐ Debit

STEP 7 – Sign and submit the form

I hereby declare that the statements and information I have provided with this application are accurate and true.

Signature: _____ **Date:** _____

Send information to :

Natural Resources and Energy Development

Fish and Wildlife Branch

P.O. Box 6000

Fredericton, NB E3B 5H1

Tel: 506-453-3826

Fax: 506-453-6699

For office use only

Receipt # _____