Sustainable Canadian Agricultural Partnership

Competitive. Innovative. Resilient.

Beaver Control Program (BCP)
Claim Form
Note: Before you enter information it is recommended this application be saved to your computer.

DEADLINE: February 15, 2025

Submit by the above deadline by email to Annette Ellert, Agriculture Program Administrator at aellert@sarm.ca

PART 1 - APPLICANT INFORMATION

RM/First Nation:_____ No.: _____

PART 2 – NUISANCE BEAVER REMOVAL AND VERIFICATION - INCLUDE TRAPPER VERIFICATION FORM– Eligible removal dates: February 16, 2024 to February 15, 2025

What method did the RM or First Nations use as verification in their beaver management program?
DESCRIBE METHOD: _____

Number of Beaver Removed _____ at $_____ per beaver $_____

Number of Beaver Removed _____ at $_____ 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/We certify, by signing this form, that the base level of service outlined in the BCP Program Guidelines has been met for the 2024-2025 program year in the municipality indicated at the top of this form. I/We understand any personal information in this claim is collected under the authority of and is protected by and subject to the provisions of The Freedom of Information and Protection of Privacy Act (FOIP Act) and the federal Privacy Act. The ministry may share this information with Agriculture and Agri-Food Canada and other third parties for the administration of the Sustainable Canadian Agricultural Partnership programming, for policy and program development and evaluation and for research and statistical purposes.

Signed this _____day of _____, 20_____, by_____

(Administrator or Land Manager Name)

_____
(Administrator or Land Manager Signature)

FOR SARM USE ONLY	
REBATE PAID	
DATE:	
CLAIM NUMBER:	

Authorized by SARM:

SARM   Saskatchewan   Canada