

Ministry of Forests, Lands, Natural Resource Operations & Rural Development *Wildlife Act* of British Columbia

GUIDING TERRITORY CERTIFICATE TRANSFER CONSENT FORM - NATION

This form is for use by a Nation who is transferring all or part of a guiding territory certificate.

- Type or print legibly. Attach additional sheets as needed.
- All current guiding territory certificate holders must sign this consent form before applying for a transfer.
- Please attach this form as a supporting document for the Guiding Territory Certificate Transfer Application.
- Incomplete applications may delay processing time for a certificate.

CURRENT GUIDING TERRITORY CERTIFICATE HOLDER(S)

NATION INFORMATION					
NATION NAME			NATION CONTACT POSITION		
LACTNAME		FIRST NAME	_		MIDDLE INITIAL
LAST NAME		FIRST NAIVI	=		MIDDLE INITIAL
STREET OR PO BOX					
CITY OF TOWN	POSTA	AL CODE	E-MAIL		
PHONE (DAY)				DATE OF BIRTH (MM/DD/YYYY)	
☐ I designate			he person name	d as the agent on guid	ding territory certificate
# to initiate and manage the					
a) the privileges conferred in a guiding territory certificate;b) the privileges conferred in a portion of the guiding territory held under a guiding territory certificate; or					
c) a guiding territory certificate or an interest in a guiding territory certificate.					
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SIGNATURE OF PERSON AUTHORIZED TO SIGN ON BE	HALF C	F THE NATIO	N DATE		
NATION INFORMATION					
NATION NAME NATION CONTACT F				ACT POSITION	
LAST NAME		FIRST NAME	<u>-</u>		MIDDLE INITIAL
STREET OR PO BOX					
CITY OF TOWN	POSTAL CODE		E-MAIL		
PHONE (DAY) F				DATE OF BIRTH (MM/DD/YYYY)	
FIGNE (DAT)	FAX			DATE OF BIRTH (MIN)	<i>(100/1111)</i>
✓ I designate		, who is t	he person name	d as the agent on guid	ding territory certificate
# to initiate and manage the	e transfe	er of:			
 a) the privileges conferred in a guiding territ 	-				
b) the privileges conferred in a portion of the	-	-		g territory certificate; of	or
 c) a guiding territory certificate or an interes 	st iii a gi	ululling (ettilot)	y cermicale.		
SIGNATURE OF PERSON AUTHORIZED TO SIGN ON BE	HALF C	F THE NATIO	N DATE		
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