

# TRAPPER CERTIFICATION

I, \_\_\_\_\_, agree to obey the laws of the State of Minnesota and the following policies of the Pelican River Watershed District ("District") Beaver Control Program.

1. **Designated Beaver Control Areas.** I understand only beavers trapped on Becker County Drainage Systems 11, 12, 13, and 14 are eligible for the bounty.

2. **Drainage Authority Pre-Approval and Authorization Requirement.** I understand the District Drainage Authority or Inspector will provide me with a *written work order* to control beaver *prior to commencing work* and will *designate the areas* on a map where beaver control is to occur within the drainage system. I will make every reasonable effort to contact landowners or farm operators prior to trapping on land in their control.

3. **Beaver Bounty.** I understand the beaver bounty amount is set by the District Board of Managers and will be paid to authorized trappers for each beaver eliminated from the designated beaver control area. The Drainage Authority will verify the numbers of beavers eliminated by the trapper.

To claim a bounty payment, I understand I must:

A: Complete a request for payment claim form for each location where trapping was conducted.

B. Deliver the District Beaver Control and Work Claim form and the 2-inch or more end of each beaver tail to the District Office for the Board of Managers approval for payment at their regular monthly meeting (3<sup>rd</sup> Thursday of the Month).

4. **Non-Payment.** I understand I will be ineligible for the bounty program if I violate any of these policies of the beaver control program.

5. **Independent Contractor.** I understand that I am not an employee of the Pelican River Watershed District and the District is not liable for any injuries or damages incurred while trapping, removal of dams/blockages, or in the performance of any associated work or services provided to the District Drainage Authority and I understand it is my sole obligation and responsibility to procure, maintain, and pay for required general liability insurance.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

***This form and a completed W-9 must be completed or verified annually and on file at the District office prior to commencing work.***