



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, 2027

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, 2026 to February 15, 2027

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 2026-2027 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)

FOR SARM USE ONLY

REBATE PAID

DATE:

CLAIM NUMBER:

(Administrator or Land Manager Signature)

Authorized by SARM:

