



## 2024 Nonresident Trapper's Reciprocity Affidavit

Nonresident Trapper's Licenses must be completed and purchased online at FWP.MT.GOV or at an FWP Regional office. You must provide all required information below to qualify for reciprocity.

RETURN TO: FWP LICENSING – PO BOX 200701 HELENA MT 59620-0701

### PART A: REQUIRED INFORMATION FROM THE NONRESIDENT TRAPPER

1. Name: \_\_\_\_\_
2. Date of Birth and ALS # : \_\_\_\_\_
3. Mailing Address(Legal Residence- Include Zip Code and State): \_\_\_\_\_  
\_\_\_\_\_
4. Furbearer Species(s) you intend to trap: \_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### PART B: REQUIRED DOCUMENTATION:

- Submit documentation that the applicant's state of residence issues nonresident trapping licenses that allow Montana residents to trap the same species for which the person seeks to trap in Montana. **OR**
- Attest on this affidavit that the person's state of residence does not offer reciprocity for trapping fur-bearing species the person seeks to trap in Montana because the species does not exist in the resident state; **AND**
- Provide evidence that the person completed a trapping education course that is equivalent to the trapping education requirements for residents.

### Part C: Notarization:

#### NOTARIAL ACKNOWLEDGEMENT

State of \_\_\_\_\_

County of \_\_\_\_\_

The attached Nonresident Trappers Reciprocity form and supporting documents, consisting of \_\_\_\_\_ pages was **acknowledged** before me on \_\_\_\_\_ by

\_\_\_\_\_

(Date)

(Name of signer(s))

\_\_\_\_\_

(Notary's Signature)

[Affix stamp above]