

Date	YYYY / MM / DD
-------------	----------------

Hunting, Angling & Trapping Licensing

Account Set Up Information

Name			DOB
Surname	Given	Middle	YYYY / MM / DD

Address (Physical)				
Suite #	Street	City	Province	Postal

Address (Mailing) <input type="checkbox"/> Check here if mailing address is the same as physical				
Suite #	Street	City	Province	Postal

Personal Attributes	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Eye Colour	
Hair Colour	
Height	ft in

Contact Information	
Residence	() -
Business	() -
Cell	() -
Email	

Secondary Identification

Check here if mailing address is the same as physical	Identifier Number
<input type="checkbox"/> Canadian Driver's License <input type="checkbox"/> Non-Resident Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Any other type of card i.e. Hunters Safety)	<hr/> <hr/> <hr/> <hr/>