



Sustainable Canadian Agricultural Partnership

Competitive. Innovative. Resilient.

Gopher Control Program (GCP)

Claim Form

Note: Before you enter information it is recommended this application be saved to your computer.

DEADLINE: July 31, 2026

Stakeholders must submit claims to the RM or First Nation office prior to the above deadline. RMs and First Nations 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.: _____

Stakeholder Name: _____

PART 2 – FINANCIAL VERIFICATION – Attach valid invoices for registered gopher control products (From January 1, 2026 to July 31, 2026)

Name of registered gopher control product: _____

***Strychnine is not eligible for rebate under the Gopher Control Program.**

Cost of registered gopher control product used by July 31, 2026 (do not include GST & PST) \$ _____

NOTE: When any product claimed is identified as "**restricted use**" per product label, a copy of the licence(s) required to obtain/use the restricted use product must be included.

PART 3 – RAPTOR PLATFORMS AND NEST BOXES INCLUDE INVOICES FOR MATERIALS (From January 1, 2026 to July 31, 2026)

Item Description	QTY	Paid per Unit	TOTAL PAID (no GST & PST)
_____	_____ X	\$ _____	\$ _____

LLD or GPS location(s) of installation: _____

PART 4 – CERTIFICATION

Stakeholder Name: _____

Email: _____ Phone: _____

DATE: _____ SIGNATURE*: _____

** I/We confirm, as the stakeholder named above, I/we have adhered to The Pest Control Products Act and the program guidelines for the Gopher Control Program. 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 CAP programming, for policy and program development and evaluation and for research and statistical purposes*

RM or First Nation Certification:

RM or First Nation: _____

Email: _____

DATE: _____ SIGNATURE**: _____

Administrator or Land Manager signature

*** I/We confirm that, on behalf of the RM or First Nation named below, I/we have adhered to The Pest Control Products Act and the program guidelines for the Gopher Control Program. 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 CAP programming, for policy and program development and evaluation and for research and statistical purposes.*

FOR SARM USE ONLY

REBATE PAID _____ DATE: _____ AUTHORIZED BY SARM: _____

