



**INDIANA HUNTING GUIDE LICENSE  
MONTHLY REPORT**

State Form 56755 (6-19)  
Department of Natural Resources

**DEPARTMENT OF NATURAL RESOURCES**

Attn: Permit Coordinator  
Division of Fish and Wildlife  
402 W. Washington Street, Rm. W273  
Indianapolis, IN 46204-2781  
Telephone: (317) 232-4102  
Fax Number: (317) 232-8150  
E-mail: [wildlifepermits@dnr.in.gov](mailto:wildlifepermits@dnr.in.gov)

**INSTRUCTIONS:**

- 1. This record is to be completed and submitted to the Indiana DNR by the 15<sup>th</sup> day of each month.
- 2. Please attach additional pages if more space is needed.
- 3. You must retain this record for at least two (2) years, and it must be provided to a conservation officer upon request.

License Number \_\_\_\_\_ Report for Month of \_\_\_\_\_

Name of License Holder (first, middle initial, last) \_\_\_\_\_

Physical Address (number and street, city, and ZIP code – no post office boxes) \_\_\_\_\_

**Please complete the information requested below for each species of animal  
for which guide services were offered:**

DATE <i>(month, date, year)</i>	SPECIES OF ANIMAL	NUMBER OF ANIMALS <i>(including birds)</i> HARVESTED	COUNTY WHERE ANIMALS <i>(including birds)</i> WERE HARVESTED	TOWNSHIP

Under the penalties of perjury (IC 35-44-2-1), I certify that the information supplied by me is correct to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date Signed (month, day, year): \_\_\_\_\_