

## INDIANA DEPT OF NATURAL RESOURCES DIVISION OF FISH AND WILDLIFE ATTN: COMMERCIAL LICENSES

402 W. Washington St., W273 Indianapolis, IN 46204-2781 Phone: (317) 232-4102 Fax: (317) 232-8150 www.wildlife.IN.gov

INSTRUCTIONS: 1. BE SURE TO READ REGULATIONS.

- 2. Please print or type information.
- 3. Mail completed application with license fee of \$125.00 made payable to Indiana DNR to address in upper right corner.

License Fee: \$125.00 (as required by IC 14-22-15.	5-3 and IC 14-10-2-1)
Check one: New Renewal Date of	Application (month, day, year)
Year wanted on License (license expires on March	31 of following year)
Name of Applicant (first name, last name)	Date of Birth (month, day, year)
Address (number and street or PO BOX)	
City, State and Zip Code	County
Telephone Number ()	E-mail Address
Name of Business	Business Telephone Number ()
Business Address (if different than above)	
Business Website (if applicable)	
Species of Animals (including birds) for which guide	e services will be offered:
Counties where guiding will occur under this licens	e:
your completed application	repayable to the Indiana DNR in the amount of \$125.00 and mail it with ation form to the address in the upper right-hand corner.  The information supplied by me is correct to the best of my knowledge.
Signature of Applicant:	Date Signed (month, day, year):
	FOR OFFICE USE ONLY
Date Application Received (month, day, year)	Check/Money Order Number
Approved by	Date Approved (month, day, year)
License Year License N	umber Date License Issued (month, day, year)