



APPLICATION FOR GAME BREEDER'S LICENSE

State Form 3069 (R14 / 3-16)
Approved by State Board of Accounts, 2016

DEPARTMENT OF NATURAL RESOURCES
ATTN: PERMIT COORDINATOR
DIVISION OF FISH AND WILDLIFE
402 W. Washington St., Rm. W273
Indianapolis, IN 46204-2781
Telephone number: (317) 233-6527
Fax Number: (317) 232-8150

FEE \$15.00

- Instructions:
1. Please type or print information.
 2. Be sure to read all regulations.
 3. Attach additional sheets for explanation if necessary.
 4. All sections must be complete before submitting.

Check One: New Applicant Renewal (Annual Report must be submitted by January 31.)

Name of Applicant (First, Middle Initial, Last) _____ Today's Date (mm/dd/yy) _____

Birth Date (mm/dd/yy) _____ Telephone Number _____

Physical Address (Number and Street or Rural Route – No P.O. Boxes) _____

Mailing Address (if different than above) _____

Business Name (if applicable) _____

City _____ State _____ ZIP Code _____ County _____

E-mail Address _____

List any location(s) where animals and/or birds are kept (if not same as above):

Address (if different than above) _____

City _____ State _____ ZIP Code _____ County _____

NOTE: If additional space is needed, list other animals and/or birds and required information on an additional sheet.

SPECIES OF ANIMALS AND/OR BIRDS (Check all that apply.):

- | | | | | |
|--|---|--|---|----------------------------------|
| <input type="checkbox"/> Ring-necked Pheasants | <input type="checkbox"/> Bobwhite Quail | <input type="checkbox"/> Eastern Cottontail Rabbit | <input type="checkbox"/> Virginia Opossum | |
| <input type="checkbox"/> Striped Skunk | <input type="checkbox"/> Beaver | <input type="checkbox"/> Coyote | <input type="checkbox"/> Gray Fox | <input type="checkbox"/> Red Fox |
| <input type="checkbox"/> Mink | <input type="checkbox"/> Muskrat | <input type="checkbox"/> Fox Squirrel | <input type="checkbox"/> Gray Squirrel | <input type="checkbox"/> Raccoon |

If applying for pheasants and/or quail, do you currently have any in possession? Yes No

Please indicate the purpose for keeping the animal(s) listed above (Check all that apply.):

- Breed and Sell Release Food (yourself and/or others) Other _____

AGREEMENT

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

Signature of Applicant _____ Date (mm/dd/yy) _____

Please make check or money order payable to DNR – Division of Fish and Wildlife in the amount of \$15.00.
Please return completed application with the \$15.00 license fee to the address shown above.

FOR OFFICE USE ONLY

Issue Date (mm/dd/yy): _____ Expiration Date (mm/dd/yy): _____ Check Number: _____

License Number: _____ Approved by: _____ Date (mm/dd/yy): _____

Comments: _____