



APPLICATION FOR FUR BUYER'S LICENSE

State Form 3070 (R10 / 9-13)
Approved by State Board of Accounts, 2013

DEPARTMENT OF NATURAL RESOURCES
Attn: Permit Coordinator
Division of Fish and Wildlife
402 W. Washington St., Rm. W273
Indianapolis, IN 46204-2781
Telephone: (317) 232-4102
Fax Number: (317) 232-8150

- Instructions:**
1. Please type or print information.
 2. Be sure to read all regulations.
 3. All sections must be complete before submitting.

Check One: New Applicant Renewal License Year: July 1, 20____ through June 30, 20____

Check one: Resident Fur Buyer (FEE: \$75.00) * Non-Resident Fur Buyer (FEE: \$125.00)

Today's Date (month, day, year) _____

Name of Applicant (individual) _____ Date of Birth (month, day, year) _____

Name of Business (if applicable) _____

Address (Number and Street or Rural Route) _____

City _____ State _____ ZIP Code _____

County _____ Telephone Number (_____) _____

E-Mail Address _____

Name of agent(s) who will be assisting at place of business (if applicable) _____

Location of Principal Office (if different from above) _____

Complete address of Branch Office(s) (if applicable) _____

Do you wish to be listed on the Division of Fish and Wildlife website as a licensed fur buyer? Yes No

Business Information (if different from above):

Business Address (Number and Street or Rural Route) _____

City _____ State _____ ZIP Code _____

County _____ Business Telephone Number (_____) _____

* A resident must have established a true fixed and permanent home and primary residence in Indiana for sixty (60) consecutive days prior to purchasing a license or permit and not claim residency for hunting, trapping, or fishing in another state or country.

Please return completed application with the license fee to the address shown above.

AGREEMENT

I hereby apply for a license to engage in the business of buying fur bearing mammals or their hides, skins, furs or carcasses directly from a trapper or from other licensed buyers in the State of Indiana. I have read and understand the regulations and agree to abide by them. Under penalties of perjury (IC 35-44-2-1), I certify that the information supplied by me is true and correct to the best of my knowledge.

Signature of Applicant: _____ Date (month, day, year): _____

FOR OFFICE USE ONLY

Date Application Received (month, day, year) _____ Check/Money Order Number _____

License Number _____ Date License Issued (month, day, year) _____ License Year _____

Approved by _____ Date Approved (month, day, year) _____