



APPLICATION FOR INDIANA FUR BUYER'S LICENSE

State Form 3070 (R11 / 9-22)
Approved by State Board of Accounts, 2022

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
www.wildlife.IN.gov

- Instructions:**
1. Please type or print information.
 2. Be sure to read all regulations.
 3. All sections must be complete before submitting.
 4. Submit completed application with payment as required by IC 14-22-19-2.

Check One: New Applicant Renewal Today's Date (month, day, year) _____ / _____ / _____

Check One: Resident Annual (FEE: \$75.00) Non-Resident Annual (FEE: \$125.00)

One-Day License - Provide Date Requested: _____ / _____ / _____ (FEE: \$25.00)

Name of Applicant (first name, last name) _____ **Date of Birth** _____ / _____ / _____

Address (Number and Street) _____

City _____ **State** _____ **ZIP Code** _____

County _____ **Telephone Number** (_____) _____

E-Mail Address _____

BUSINESS INFORMATION:

Business Address _____

City _____ **State** _____ **ZIP Code** _____

County _____ **Telephone Number** (_____) _____

Location of Principal Office (if different from above): _____

Address of Branch Office (if applicable) _____

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

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

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. 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) _____ / _____ / _____

Please return completed application with license fee made payable to the Indiana DNR to the address shown above.

FOR OFFICE USE ONLY

Date Application Received (month, day, year): _____ License #: _____

Check / Money Order #: _____ \$ _____ Date License Issued (month, day, year): _____

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