



APPLICATION FOR TAXIDERMIST LICENSE

State Form 3230 (R9 / 7-12)
Approved by State Board of Accounts, 2012

FEE \$15.00

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) 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.
4. Mail completed application with license fee to address shown at right.

Check One: New Applicant Renewal Today's Date _____

Year Wanted on License _____ (License expires at end of calendar year)

Name of Applicant (First, Middle Initial, Last) _____

Date of Birth _____ E-Mail address _____

Address (Number and Street or Rural Route) _____

City _____ State _____ ZIP Code _____

County _____ Telephone Number (_____) _____

Name of Business or employment of taxidermy work _____

Business Address or location where specimens are held (if different from above): _____

City _____ County _____ ZIP Code _____

Website (if applicable) _____ Business Telephone Number (_____) _____

Business Hours (include days of the week and normal business hours) _____

For which of the following do you provide taxidermy services? Mammals Birds Fish Reptiles

Do you have a federal permit to provide taxidermy services for Migratory Birds (includes raptors, songbirds and waterfowl)?

Yes No If yes, please provide the federal permit number or date applied for: _____

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

**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.**

Under the 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. I have read and understand the laws governing the taxidermy license and agree to abide by them.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

Date Application Received _____ Check/Money Order Number _____

License Number _____ Date License Issued _____ License Year _____

Approved by _____ Date Approved _____