



APPLICATION FOR FISHING GUIDE LICENSE

State Form 25298 (R5/ 12-11)
Approved by State Board of Accounts, 2011

**DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FISH AND WILDLIFE
PERMIT COORDINATOR**
402 W. Washington St., W273
Indianapolis, IN 46204-2781
Telephone number: (317) 232-4102
Fax number: (317) 232-8150

- INSTRUCTIONS:**
- 1. BE SURE TO READ REGULATIONS.**
 2. Please print or type information.
 3. Mail completed application with license fee to address in upper right corner.

License Fee: \$100.00 Check one: New Renewal Date of Application (month, day, year) _____

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

Name of Applicant _____ Driver's License Number _____

Address (rural route or number and street) _____ Date of Birth (month, day, year) _____

City, State and Zip Code _____ County _____

Telephone Number (_____) _____ E-mail Address _____

Name of Business _____ Business Telephone Number (_____) _____

Business Address (if different than above) _____

Lake(s) or river(s) where service will occur under this license: _____

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

Will you be using a boat to take individuals fishing for hire? Yes No

If yes, please complete the following: Boat Name _____ Boat Registration Number _____

Please make check or money order payable to the Indiana DNR, Division of Fish and Wildlife, in the amount of \$100.00 and mail it with your completed application form.

Under the penalties of perjury (IC 35-44-2-1), I certify that 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

Month	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Fished (Yes/No)												
Date Received												

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

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

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