SCIENTIFI State Form 485 DEPARTMENT	Department of Natural Resources Division of Fish and Wildlife 402 W. Washington Street, Room W273 Indianapolis, IN 46204-2781 Telephone: (317) 233-6527 Fax: (317) 232-8150						
Name of License Hold	ual Repor	rt for Year Ending					
Address (number and str	eet)		City Stat		e ZIP Code		
Business/Organizatior	Name	Teleph	Telephone E		ail		
Species Captured (Include eggs, feathers, blood, etc.)	Dates (month, day, year)	Site Description (County, legal description, maps – listed specie stream name or distance from nearest bridge c	es only *, Number crossing) Captured		Disposition (Include released, banded, marked, vouchered or killed – where deposited.)		
* If an endangered species is found or collected, please include a map. For mussels, please indicate whether a live or dead shell was found and in what condition (fresh dead, weathered). A final report can be submitted, but it must contain all the above information. Copy additional sheets as necessary.							

CERTIFICATION: Under the penalties of perjury (IC 35-44-2-1), I certify that the information in this report is a complete record of all of the wild animals (including birds, fish, mammals, reptiles, and amphibians) captured under this license.

Page _____ of _

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Additional information							