

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
WILDLIFE AND FRESHWATER FISHERIES DIVISION



ALLIGATOR FARMER LICENSE

Valid: Oct 1 – Sept 30
Resident - Nonresident

New Application
Renewal – prior # _____

LICENSE COST: \$1,000.00

PRIMARY LICENSE HOLDER: all information is required.

PRINT OR TYPE ONLY INCOMPLETE APPLICATIONS WILL BE RETURNED

Name: _____

(1) Social Security #: _____ - _____ - _____ Driver's License # _____

Date of Birth: _____ email: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: Hm _____ Wk _____ Cl _____

Sex: Male
Female

Wt. _____

Ht.: _____

Eyes: _____

Hair: _____

Race: _____

PARTNER #1: all information required (enter additional PARTNERS on back of application using this same format)

Name: _____

(1) Social Security #: _____ - _____ - _____ Driver's License # _____

Date of Birth: _____ email: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: Hm _____ Wk _____ Cl _____

Sex: Male
Female

Wt. _____

Ht.: _____

Eyes _____

Hair: _____

Race: _____

BUSINESS INFORMATION: (If applicable, all information is required)

Name: _____ Phone: _____

Fed ID #: _____ Date of Incorporation: _____

Physical Address: _____

City: _____ County: _____ State: _____ Zip: _____

If no:
-business name, you will enter a description like: John Smith or Smith Farm, etc.
-Fed ID, you will use SSN.
-Date of Inc., leave blank

RENEWAL APPLICANTS: Attach Alligator Transaction Report for previous year (required)

Submit: (1) **completed application**, (2) **check or money order**, and (3) **copy of driver's license for EACH APPLICANT/PARTNER** to: Dept. of Conservation and Natural Resources, Wildlife and Freshwater Fisheries Div., Attn: License Sales, PO Box 301456, Montgomery, AL 36130-1456, or by walk-in or express mail requests: 64 N Union Street, Ste 567, 36104. Questions: (334) 242-3465 or dcnr.wfflicense@dcnr.alabama.gov.



Applicant's Signature: _____ Date: _____

Check to be: [] excluded from DCNR email updates and [] excluded from list sold by DCNR. If blank, you will be included.

FOR OFFICE USE ONLY

License Number: _____ Amount Received: _____ Date Issued: _____

(1) DCNR IS NOW REQUIRED BY SECTION 30-3-194(A) CODE OF ALABAMA 1975 TO COLLECT SOCIAL SECURITY NUMBERS ON ALL RECREATIONAL LICENSES BEING ISSUED/RENEWED.