

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
WILDLIFE AND FRESHWATER FISHERIES DIVISION



FRESHWATER FISH DEALER LICENSE

Valid: Oct 1 – Sept 30  
Resident - Nonresident

New Application  
Renewal – prior # \_\_\_\_\_

RETAIL LICENSE: \$11.00  
WHOLESALE COST: \$26.00

**PRIMARY LICENSE HOLDER:** all information is required.

PRINT OR TYPE ONLY INCOMPLETE APPLICATIONS WILL BE RETURNED

Name: \_\_\_\_\_

Sex: Male  
Female

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

Wt. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ email: \_\_\_\_\_

Ht.: \_\_\_\_\_

Address: \_\_\_\_\_

Eyes: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hair: \_\_\_\_\_

Phone: Hm \_\_\_\_\_ Wk \_\_\_\_\_ Cl \_\_\_\_\_

Race: \_\_\_\_\_

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

Name: \_\_\_\_\_

Sex: Male  
Female

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

Wt. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ email: \_\_\_\_\_

Ht.: \_\_\_\_\_

Address: \_\_\_\_\_

Eyes: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hair: \_\_\_\_\_

Phone: Hm \_\_\_\_\_ Wk \_\_\_\_\_ Cl \_\_\_\_\_

Race: \_\_\_\_\_

**BUSINESS INFORMATION:**

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

**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](mailto:dcnr.wfflicense@dcnr.alabama.gov).

License can also be issued by WFF District Offices or any County Probate Office/License Commissioner.



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.