

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
WILDLIFE AND FRESHWATER FISHERIES DIVISION



FUR CATCHER LICENSE  
Valid: Oct 1 – Sept 30  
Non-Resident

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

**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: \_\_\_\_\_

**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

**LICENSE COST:**

Florida.....	\$ 208.15	Louisiana .....	\$ 208.15	Tennessee.....	\$ 208.15
Georgia.....	\$ 330.00	Michigan .....	\$ 208.15	West Virginia ....	\$ 208.15
Illinois.....	\$ 208.15	Mississippi .....	\$ 209.29	Wisconsin.....	\$ 208.15
Indiana.....	\$ 208.15	Missouri .....	\$ 208.15	.....	\$ 0.0
Iowa .....	\$ 215.15	Ohio.....	\$ 208.15	.....	\$ 0.0

**Non-Resident prices are now based on reciprocal prices with other states. If you do not see your state, please call our office at (334) 242-3465 for price.**

**Submit:** (1) completed application, (2) check or money order, and (3) copy of driver's license for APPLICANT 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) Website: [www.outdooralabama.com](http://www.outdooralabama.com).



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.**