

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
WILDLIFE AND FRESHWATER FISHERIES DIVISION



FUR CATCHER LICENSE  
Valid: Oct 1 – Sept 30  
Resident

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

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

**BUSINESS INFORMATION:**

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

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

Fed ID #: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

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

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

**License Cost:**

**Resident \$21.70**  
(Which meet 90 day requirement)

**Resident \$208.15**  
(Which do not meet 90 day requirement)

**To qualify for a Resident license, Applicant must have resided in State for 90 days from date of application (proof required).**

**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.**