

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
WILDLIFE AND FRESHWATER FISHERIES DIVISION



**FUR DEALER LICENSE**  
**Valid: Oct 1 – Sept 30**  
Resident - Nonresident

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

**PRIMARY LICENSE HOLDER:** all information is required. **PRINT OR TYPE ONLY INCOMPLETE APPLICATIONS WILL BE RETURNED**

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

Sex: Male  
Female

(<sup>1</sup>) 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

(<sup>1</sup>) Social Security #: xxx-xx- \_\_\_\_\_ Driver's License # \_\_\_\_\_

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

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

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

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

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

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

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

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

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

<b>LICENSE COST:</b>	Resident - sales of the preceding year up to \$15,000 .....	\$ 25.00
	\$15,000 - \$30,000 .....	\$ 50.00
	over \$30,000.....	\$100.00
Non-Resident .....		\$300.00

**To qualify for a Resident license, Applicant must have resided in State for one year prior to October 1 (proof 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](mailto: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: \_\_\_\_\_

**(<sup>1</sup>) 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.**