LA DEPT OF WILDLIFE AND FISHERIES
ALLIGATOR HUNTER LICENSE
APPLICATION FORM

SSN: _____ ZONE: _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

BIRTHDATE: _____ DRIVER'S LICENSE #: _____ STATE: _____

RACE: _____ SEX: _____ COLOR HAIR: _____ COLOR EYES: _____

HEIGHT: ____ft _____in WEIGHT: _____ *HUNTER SAFETY #: _____

* Persons born on or after September 1, 1969 must have successfully completed an approved hunter education course OR be under the direct supervision of a person: 1) who was born before September 1, 1969 and who has a valid hunting license or 2) who is at least 18 years old and has successfully completed an approved hunter education course.

I WISH TO APPLY FOR A LICENSE TO TAKE ALLIGATORS ON THE FOLLOWING PROPERTY

LANDOWNER NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE #: _____ E-MAIL: _____

To be completed by Landowner/Land Manager ONLY

_____ _____
SIGNATURE OF LANDOWNER/LAND MANAGER DATE

DESCRIPTION OF AREA TO BE HUNTED

TOTAL ACRES HUNTED: _____ PARISH: _____

THIS ACREAGE WAS/WAS NOT (CIRCLE ONE) HUNTED LAST YEAR BY _____ (HUNTER)

WITH THIS APPLICATION YOU MUST SUBMIT: 1) PROOF OF OWNERSHIP (TAX RECEIPTS OR BILL OF SALE) CONTAINING PARISH, TOWNSHIP, RANGE, SECTION AND ACREAGE INFORMATION AND 2) A MAP OUTLINING THE PROPERTY BOUNDARIES. IF APPLICABLE A LEGAL ALLIGATOR HUNTING LEASE MAY BE SUBMITTED.

_____ _____ _____
SIGNATURE OF APPLICANT DATE APPLICANT'S E-MAIL ADDRESS

I HAVE COMPLIED WITH ALL THE ABOVE REQUIREMENTS AND ACKNOWLEDGE THAT ANY FALSIFICATION OF THIS INFORMATION SHALL DISQUALIFY THIS APPLICATION AND MAY RESULT IN CRIMINAL PROSECUTION.

**********DO NOT WRITE BELOW THIS LINE**********

PORTION	ACRES	HABITAT	TYPE	RATIO	PARISH	# TAGS ISSUED	BEG TAG #	END TAG #
1)								
2)								
3)								
4)								
5)								
6)								
7)								

COMMERCIAL _____ $25

LICENSE # ISSUED TO THIS APPLICANT _____

ASSISTANT _____ +$25