



**LA DEPT OF WILDLIFE AND FISHERIES
ALLIGATOR SPORT/HELPER
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.

***** DO NOT WRITE ***
IN THIS BOX**

HUNTER/GUIDE'S
ALLIGATOR LICENSE #

HUNTER/GUIDE'S NAME

HUNTER/GUIDE'S SSN

- | | |
|----------|-------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |
| 5) _____ | _____ |
| 6) _____ | _____ |

SIGNATURE OF APPLICANT

DATE

APPLICANT'S E-MAIL ADDRESS

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

LICENSE # ISSUED TO THIS APPLICANT _____

NON-RESIDENT	_____	\$150
RESIDENT	_____	\$25