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 #:** _____

*No person born on or after September 1, 1969 will be issued an alligator hunting license unless that person has 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 #:** _____

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**

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**