



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.

HUNTER/GUIDE'S NAME

HUNTER/GUIDE'S SSN

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

- _____
- _____
- _____
- _____
- _____
- _____

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

**HUNTER/GUIDE'S
ALLIGATOR LICENSE #**

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