



LA DEPT OF WILDLIFE AND FISHERIES ALLIGATOR HELPER LICENSE APPLICATION FORM

PICKUP OFFICE: Circle one office for pickup below

Baton Rouge	Bourg	Lake Charles	Lafayette	Minden	Monroe	New Orleans	Alexandria/Pineville	Rockefeller
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SSN: _____

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'S NAME

HUNTER'S LICENSE #

- | | | |
|----|--|--|
| 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 _____