



**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 |

PLEASE PROVIDE THE HELPER APPLICANT'S INFORMATION IN THIS SECTION

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.

**NAME OF EACH ALLIGATOR HUNTER
TO BE HELPED (REQUIRED)**

**LICENSE # OF EACH ALLIGATOR
HUNTER TO BE HELPED**

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