

South Dakota Game, Fish & Parks Export Bait Dealer Annual Report



License Number

Please Print:						
Applicant/Licensee's Name: Last		Business Name:				
Mailing Address:		First	MI	Phone Number		
Street/PO Box		City	State	Zip		
Please complete all applicable categories, listi This form must be submitted along with your app license will not be issued unless this completed f	lication for next year's lice	nse (or by January 3	31 of the next year if	you do not plan to obtain a license). A new		
Suppliers Name and Address	Species	Gals., Lbs. or Num.	Date of Transaction	Destination Name & Address of Purchaser		
	<u> </u>					
	<u> </u>					
	(Use back or addi	tional sheets as ne	ecessary)			
I declare the information in this report to be comcause to prosecute and/or refuse to issue me a b				rect the Department of Game, Fish and Parks has		
X			/			
Bait Dealer's Signature	Print or type	name	Date			
XBDAR3221	South Dakota Administrative Rule: 41:09:04:16			Revised March 2012		

Year

Cont'd

Suppliers Name and Address	Species	Gals., Lbs. or Num.	Date of Transaction	Destination Name & Address of Purchaser