DAKOTA ERMIST PPLICATION	General Inf Fee:	\$15 in the form of per	ed with application	ey order, cashier's check or . Cash is not recommende	
	Submission:	Application and fee must be submitted to:			
OUTH TAXID NSE A		Game, Fish and Parks 20641 SD Hwy 1806 Fort Pierre, SD 57532			
SOU TA LICENS	Expiration:	License expires on De license is issued	ecember 31 of the	calendar year for which the	
		DO NOT D	ETACH		
COMPLETE THE	FOLLOWING (Please	se Print):			_
1. Applicant N				//	
	Last	First	Middle Initial	Date of Birth (MM/DD/Year)	
2. Last Four Digits of Social Security Number Driver License Numb		se Number			
			(or Sta	ate Issued ID Number)	
3. Business N	ame:				

4.	4. Location of Business:		
		0.1	

	Street, Box Number, Rural Route	City	State	Zip Code
5. Phone Number of Appli	cant:			

Area Code and Phone Number

6. Email: _____

2.

7. Mailing Address (if different than location of business):

Street, Box Number, Rural Route City State (Zip +4)

8. I will keep a record of all specimens received for mounting or preserving as required by SDCL 41-6-23. These records and specimens shall be made available for inspection by any authorized representative of the South Dakota Department of Game, Fish and Parks during normal business hours. Specimens will be tagged according to regulation.

	Applicant Signature	// Date
For Office Use Only:		
License number:	_ Date Issued: / /	_ Issued by: