WYOMING GAME AND FISH DEPARTMENT – TAXIDERMIST RECORD

TAXIDERMIST NAME:		ADDRESS:		LICENSE NUMBER:	

GAME SPECIMEN(S) OR SPECIMEN(S) RECEIVED		DATE RECEIVED DD/MM/YY	DESCRIPTION OF ITEM RECEIVED	DATE KILLED DD/MM/YY	LICENSE NUMBER, IDENTIFYING MARK OR TAG NUMBER	LOCATION WHERE ITEM WAS KILLED	TRANSPORTATION/SHIPMENT DESTINATION	
NAME	ADDRESS						NAME	ADDRESS

(Tab to continue)

NOTE: **Resident Taxidermists** shall mail or deliver the records to the Regional Game and Fish Office in the geographic region where the taxidermist business is located on or before January 31 of the year following for which the taxidermist license was valid. **Nonresident Taxidermists** shall mail or deliver the records to the Wyoming Game and Fish Department, Wildlife Division Law Enforcement, 5400 Bishop Boulevard, Cheyenne, Wyoming 82006 on or before January 31 of the year following for which the taxidermist license as valid.

DATE: _____ SIGNED: _____

(Revised 1/2015)