

## WYOMING GAME AND FISH DEPARTMENT TAXIDERMIST LICENSE ORIGINAL APPLICATION

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FOR	THE	YEAR	OF	21	ルフ

OFFICE USE ONLY
LICENSE #:
DATE:
INITIALS:

Application requested:  Resident (LICENSE FEE \$69.00)	OR	☐ Nonresident	(LICENSE FEE \$723.00)
LAST NAME	FIRST NAME	M.I. SUFFIX	DATE OF BIRTH
HOME MAILING ADDRESS	CITY STATE	ZIP CODE	PHONE NUMBER
SPORTSPERSON I.D. Weight	Height (Ft - Inches)	Eye Color	Hair Color Sex
NAME OF BUSINESS BUSIN	ESS MAILING ADDRESS	CITY	STATE ZIP CODE
BUSINESS PHONE NUMBER BUSIN	ESS PHYSICAL LOCATION	CITY	STATE ZIP CODE
XXX – XX – SOCIAL SECURITY NUMBER (Last 4 digits required) Resident applicant must complete the following:	_	EMAIL ADDRESS (option	onal)
YRS WY RES. or Days Active Military in WY  ONE of the following must be provided:  Under penalty of prosecution, I swear or affirm that the information given by m defined in W.S. 23-1-102(a)(ix)(xv), 23-2-101(a) and 23-1-107 and have been		OR wear, under penalty of prosecution, t	
one (1) year immediately preceding the date of application for this license(s).  I, the undersigned, depose and say that I am a taxidermist and trophy game animals, small game animals, furbearing further depose and say I will operate in accordance with r I understand that I must keep a daily record of all wildlife include names and addresses of persons from whom wild description and any identifying number (i.e., licenses, tag	g animals, game birds, migratory egulations governing taxidermis specimens received from within life specimens were received, da	y game birds, protected birds approved by the Wyomi or without the State of Wate of receipt, location whe	ds and animals and game fish. Iting Game and Fish Commission.  Yyoming. Said records shall re taken, approximate date killed,
Applicant Signature		Date	
OR			
Parent or Legal Guardian's Signature (If Applicant is under the age of 18)		Date	
Check the box only if you would like your e-mail a 706). Other Information given on application may			

**RESIDENT TAXIDERMIST**: Submit your application form and fee to your local game warden for approval. A Resident Taxidermist shall mail or deliver taxidermist records to the Regional Game and Fish Office in accordance with the address listed on the back of this form 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 TAXIDERMIST**: Submit your application form and fee (Money Order or Cashier's Check) to the Game and Fish Headquarters at the address indicated below. A Nonresident Taxidermist shall mail or deliver taxidermist 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 was valid.

Casper Regional Office	3030 Energy Lane, Suite 100 Casper, WY 82604	1-800-233-8544	1-307-473-3400
Cody Regional Office	2 Tilden Trail Cody, WY 82414	1-800-654-1178	1-307-527-7125
Green River Regional Office	351 Astle Ave. Green River, WY 82935	1-800-843-8096	1-307-875-3223
Jackson Regional Office	P.O. Box 67, 420 N. Cache Jackson, WY 83001	1-800-423-4113	1-307-733-2321
Lander Regional Office	260 Buena Vista Dr. Lander, WY 82520	1-800-654-7862	1-307-332-2688
Laramie Regional Office	1212 South Adams St. Laramie, WY 82070	1-800-843-2352	1-307-745-4046
Pinedale Regional Office	P.O. Box 850 Pinedale, WY 82941	1-800-452-9107	1-307-367-4353
Sheridan Regional Office	700 Valley View Drive Sheridan, WY 82801	1-800-331-9834	1-307-672-7418

## TO BE COMPLETED BY DEPARTMENT

REV	VIEWED AND APPROVED BY:	
	IE WARDEN IATURE & DATE	COMMERCIAL OPERATIONS COORDINATOR SIGNATURE & DATE
	IE WARDEN ed Name	COMMERCIAL OPERATIONS COORDINATOR Printed Name
CON	MMENTS:	
you d ) PR(	o not have a current Wyoming driver's license or a o OVIDE THIS INFORMATION SHALL RESULT I	OF OF WYOMING RESIDENCY current Wyoming Identification card, the following information must be provided. FAILURE N THE DENIAL OF A LICENSE BEING ISSUED.  ABLE ANSWER TO ONE OF THE FOLLOWING (Please Print):
1.	I, or the person for whom I am applying (resident year immediately preceding the date of this applied	applicant under the age of 18), have/has resided at the following address(es) for the past one (1)
2.	Street Address I have attended the following Wyoming	Mailing Address school(s) for the past one (1) year immediately preceding the date of this
		Location:
<ul><li>3.</li><li>4.</li><li>5.</li></ul>	resident when I entered the military.  YES, I meet the above criteria per W.S. I was a resident of Wyoming at the time I entered	ary and have been stationed in Wyoming for ninety (90) days or more, but was NOT a Wyoming
6.	YES, I meet the above criteria per W.S. I was NOT a Wyoming resident when I entered serving in active military duty outside of Wyoming	§ 23-1-107(f). military service, but was stationed in Wyoming for ninety (90) days or more and am currently g; AND I have made no claim of residency in any other state, territory or country for any purpose yoming; AND I have maintained my voter registration in Wyoming.
7.		duty member of the military qualifying as a Wyoming resident per W.S. § 23-1-107(f); AND I te, territory or country for any purpose.
I		partment will check the information provided to verify applicant's residency in the state of Wyoming.
		OR
Ī	Resident Applicant's Signature	Parent/Guardian Signature
		(If applicant is under the age of 18; required if applicant is less than 14 years old.)
		REV 01/2025