

Mail to:
 Department of Natural Resources
 Guide Application - CS/1
 PO Box 7924
 Madison, WI 53707-7924

Resident Guide License Application

Form 9400-019 (R 6/09)

License Fee \$40.00

Notice: This form is required by the Department for any application filed pursuant to s. 29.512, Wis. Stats. The Department will not consider your application unless you complete and submit this application. Information collected may be used for participation in surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39, Wis. Stats.

TO BE USED BY ISSUING AGENT
License Number
Date Issued
Issued By

* A social security number or federal employer identification number is **REQUIRED** when applying for a license according to Chapter 29, Wis. Stats., but it may not be disclosed to anyone except the Department of Workforce Development or the Department of Revenue.

Pursuant to the provisions of section 29.512(1), Wis. Stats., I hereby apply for a Guide License to guide, direct, or assist other persons in hunting, trapping or fishing in the State of Wisconsin. I also submit below my oath of office as provided by law and the statutory fee of \$40.00 for the Guide License.

(please print or type)

Last Name		First	MI	DNR Customer Number		
Street or Route			City	State	ZIP Code	
* Social Security Number/Federal Employer ID No.			Wisconsin Driver's License Number			
County of Residence			Daytime Telephone Number (include area code)			
Date of Birth (mm-dd-yyyy)	Color Eyes	Color Hair	Weight	Height	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	

Withhold personal identifiers collected on this form from disclosure on any list of 10 or more individuals that the DNR is requested to provide to another person [s. 23.45, Wis. Stats.].

Are your license privileges now revoked by reason of a conviction for violation of the fish or wildlife laws?
 Yes No

Make checks payable to: Department of Natural Resources OR please charge my:

Visa Mastercard Date Expires ____/____

Card No. _____ - _____ - _____ - _____

Signature _____

(THE LICENSE ISSUED ON THIS APPLICATION WILL EXPIRE ON DECEMBER 31)

I solemnly swear that I will well and faithfully perform the duties of the office of a Guide licensed by the State of Wisconsin Department of Natural Resources to guide, direct and assist other persons in hunting, trapping, and fishing, all in accordance with the provisions of s. 29.512(1), Wis. Stats.

I solemnly swear that I am the person making the above application; that the statements therein are true; that my license privileges are not now revoked by reason of a conviction for a violation of the fish or wildlife laws; that I will not permit any other person to use my license; that I am a resident of Wisconsin and at least eighteen years of age; and that I will faithfully observe and comply with the fish and wildlife laws and Wisconsin Administrative Code of the State of Wisconsin.

Signature of Applicant	Date Signed
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