



NORTH CAROLINA WILDLIFE RESOURCES COMMISSION
 DIVISION OF WILDLIFE MANAGEMENT, 1724 MAIL SERVICE CENTER, RALEIGH, NC 27699



WILDLIFE COLLECTION LICENSE APPLICATION

_____		_____	
Name of Applicant		Institution Represented	
_____		_____	
Street Address		() Telephone	
_____		_____	
City, State, Zip Code		County	Date of Birth

NOTE: A \$5.00 LICENSE FEE IS REQUIRED, UNLESS EXEMPT UNDER CONDITIONS STATED ABOVE. SEND FEE WITH THIS APPLICATION, CHECK PAYABLE TO: NCWRC.

Species and number of each species you intend to collect: _____

County or counties where collecting activities will be attempted: _____

Purpose for which collecting will be attempted: _____

I have read the terms for issuance of a license listed above and agree to abide by them.

 Signature of Applicant

 Date

APPROVAL	DATE
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