

Department of Natural Resources and Environmental Control Division of Fish and Wildlife Trapping License Application



This is an application for: (Please check the appropriate box)				
Resident Trapping License		\$10.00		
☐ Non-Resident Trapping License\$75.00				
APPLICANT INFORMATION				
Last Name:				
	Middle Name:			
Physical Address:				
City:	State:	Zip Code:		
Mailing Address:				
City:	State:	Zip Code:		
Phone Number:	er:Email Address:			
Date of Birth:	Social Security Numb	ver:		
Driver's License Number:		Must attach copy		
ADDITIONAL TRAPPING LICENSE REQUIREMENTS				
, , , , , ,	es is required to obtain a free snered, or your application will be i	apping turtle permit. The returned to you which will delay		
Signature of Applicant		Date		

TRAPPING LICENSE APPLICATIONS ARE ACCEPTED BY MAIL, FAX, EMAIL OR ONLINE.

Mail: ATTN: RECREATIONAL LICENSING, Division of Fish and Wildlife, 89 Kings Highway, Dover, DE 19901 Fax: 302-736-7925 (call to confirm); E-mail: DFWreclic@delaware.gov; Telephone: 302-739-9918
Online: https://de.gov/DigitalDNREC

Checks should be payable to: Division of Fish and Wildlife

PLEASE ALLOW 4 WEEKS FOR PROCESSING APPLICATIONS

If you wish to pay by Credit Card, please circle appropriate card type:

VISA	MasterCard	DISCOVER
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Name of Card Holder:	
Billing Address:	
Credit Card Number:	Amount:
3-Digit Security Code:	Exp. Date:
Signature of Card Holder: *** A signature of the card holder	Date:

^{*}Please remember to enclose copies of the <u>mandatory items</u> required to process your application. *

*** Licenses cannot be processed without this information. ***