



# Taxidermy License Application

The individual named and identified below hereby applies for a license authorizing the practice of taxidermy involving wildlife during the calendar year ending December 31 under the business name and at the location indicated.

### PLEASE PRINT

Name of Individual: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or PO Box City State Zip

Resident Address: \_\_\_\_\_  
(if different from above)

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(required)

Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_  
County of Business Telephone Number

### LIST PRESERVATION FACILITY(S) TO BE UTILIZED UNDER THE TAXIDERMY LICENSE (Temporary storage facility for wildlife specimens accepted for taxidermy purposes.)

Name: \_\_\_\_\_  
County

Address: \_\_\_\_\_  
Street City State Zip

Name: \_\_\_\_\_  
County

Address: \_\_\_\_\_  
Street City State Zip

Name: \_\_\_\_\_  
County

Address: \_\_\_\_\_  
Street City State Zip

\*\*Attach additional sheets if necessary\*\*

\_\_\_\_\_  
Applicant Signature Date

Make check or money order for \$12.00 payable to NCWRC. Price includes \$2.00 transaction fee as mandated by GS 113-270.1B. A service charge of up to \$25 will be charged on returned checks (GS 25-3-506).  
Mail completed application with fee to:

NC Wildlife Resources Commission  
License Section  
1707 Mail Service Center  
Raleigh, NC 27699-1700