



**Note:** In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

State of Wisconsin  
Department of Natural Resources  
dnr.wi.gov

**Taxidermist Permit Application**  
Form 9400-400 (R 4/18)

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

- Resident \$ 50  
 Nonresident \$100

**Effective Date:** Permit is valid from the date of issuance until December 31 of the following year.

**Notice:** Use of this form is required by the Department for any application filed pursuant to s. 29.506, Wis. Stats. The Department will not consider your application unless you complete and submit this application form. Information collected may be used for participation in surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.].

\* 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 provision of s. 29.506(2), Wis. Stats., I hereby apply for a Taxidermist Permit to mount or preserve the carcass of any wild animal for consideration and all privileges defined under Class A Fur Dealer's License, s. 29.501, Wis. Stats.

(Please print or type)

Applicant Name		Department of Revenue Seller's Permit Number (REQUIRED)			
DNR Customer Number		*Social Security Number/Federal Employer Identification Number			
Street or Route		City	State	ZIP Code	
Business Name					
Business Street or Route		City	State	ZIP Code	
Phone Number (include area code)		Email	Driver's License Number		
Birthdate (mm/dd/yyyy)	Color Eyes	Color Hair	Weight	Height	Sex: <input type="radio"/> Male <input type="radio"/> 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.].

**WISCONSIN RESIDENT**

I hereby certify that I have resided in this state for a period of thirty days preceding this date and that my taxidermist privileges are not now revoked by reason of a conviction for a violation of the fish and game laws of the State of Wisconsin.

Signature of Applicant	Date Signed
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**NONRESIDENT**

I hereby certify that I am a resident of the State of \_\_\_\_\_ and that my taxidermist privileges are not revoked by reason of a conviction of the fish and game laws of the State of Wisconsin. Also, I have complied with all of the laws regulating the issuance and purchase of this permit.

Signature of Applicant	Date Signed
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