**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.

Mail to: Wisconsin Department of Natural Resources Attn: Permit Transfers - CS/1 PO Box 7924 Madison, WI 53707

## Deceased Customer Preference Approval Transfer Request

Form 9400-592 (R 08/21)

**Notice:** Use of this form is required by the Department of Natural Resources (DNR) for any application filed pursuant to ss. 29.024(3) and 29.180, Wis. Stats. Completion of this form is required to participate in the program. False representation of facts may result in prosecution, penalty and revocation of license. Information provided may be used to determine identity of the applicant, eligibility for approvals, participation in natural resources surveys, enforcement purposes and may be used for secondary purposes. The DNR may provide this information to requesters as required by Wisconsin's Public Records law [ss. 19.31-19.39, Wis. Stats.].

Transieree (willor must be und	ier ro year	S OI ag	je and eng	inie to re	ceive a	iicense/	permit).					
First		MI	Last Name			DNR Customer # or SSN (include dashes)						
Mailing Address			1		City						ZIP Co	ode
Daytime Phone Number (include area code)			f Birth (MM	/DD/YYYY)			Email					
Height	Weight			Hair Color			Eye Color			Gender		
I hereby certify that all the above receive a license, permit, preferer	statements nce points,	are true or prefe	e and corre	ct on this gory.	application	on and th	at I am ur	nder	18 year	s of ag	e and e	ligible to
Signature of Transferee				Date Signed								
Y				<b>Y</b>								
Withhold personal identifiers to provide to another person	[s. 23.45, W			sclosure o	n any list	t of 10 or	more indi	vidua	als that	the DN	R is red	quested
<b>Deceased Customer Information</b>	on											
Name				DNR Cust	lude dashes) Date of Birth (MM/DI				MM/DD	/YYYY)		
Street Address		City			State	ZIP C	ode Date of		Death (MM/DD/YYYY)			
Authorization												
Check all approvals and/or prefer	ence that v	ou woul	d like to tra	nsfer to th	e vouth.							
	,						_ B		T			
				Spring Turkey	Bobcat	Fisher	Upriver Sturgeon Spearing	Bear	Sharp-	Tailed Grouse	Wolf	
Awarded Approvals												
Preference Points				$\exists$					7 1	一		
Landowner Preference												
I hereby certify that I am a survivi above deceased preference or lic		person	al represen	tative, gua	ardian, o	r trustee	and have	been	author	ized to	transfe	r the
Designee's Signature		Date S	Signed	Printed N	ame					Day	time Ph	none

## Information

**Social Security Number:** A social security number is REQUIRED the first time you apply for a hunting or fishing license according to s. 29.024(2g), Wis. Stats. Such number WILL NOT be disclosed to any other person except to the Department of Children & Family Services to determine liability for unpaid child or family support. Once you have applied for a license, the Department will provide you a DNR Customer Number that you may provide for future transactions.

- There is no transaction fee for the transfer.
- The Designee may not receive payment or considerations for the transfer of the approval.
- There is no fee rebate if a non-resident transfers a license to a resident.
- Pre-purchased licenses must be submitted with the transfer application.
- License fees: For pre-purchased licenses, if a resident is transferring to a non-resident, the applicant must submit the license fee difference.
- Transferors, who have received their bobcat or wolf tags in the mail, must submit their tag along with the transfer application.
- Transferees born on or after January 1, 1973, who do not wish to hunt under the Mentor Hunting Rules, must provide a
  photocopy of their state-issued hunter education certificate.
- Transferees who intent to trap in the State of Wisconsin must complete a state approved trapper education course or otherwise be exempt. (Visit <a href="mailto:dnr.wi.gov">dnr.wi.gov</a> search "trapper ed").

Submit: (All of the following that apply) to the address in the upper left-hand corner of this form:

- This completed application
- Any pre-purchased licenses
- Any License fees difference for pre-purchased license transfers from resident to non-resident applicants.
- Copy of transferee's safety education

## **Application Time Requirements:**

Applications to transfer preference points or preference category of the deceased person must be submitted within one year of date of death. Applications to transfer awarded approvals or licenses of the deceased person must be submitted prior to the first day of the season in which the approval/license is valid.